#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,337

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

MOPU24	FEE-FOR-SERVIC								01/1//03
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR CASH GRA	ANT -	AGED	AID CODE				
						MC	ONTHLY AVER	AGE	
3,800 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,730	39 , 905	\$	795,960.78	\$ 19.95	10.501	\$ 291.56	\$	209.46
@PHYSICIANS SERVICES	576	1,552	\$		\$ 15.31	.408	\$ 41.26		6.25
OUTPATIENT VISITS	16	20	•	1,036.84	51.84	.005	64.80		.27
OFFICE VISITS	10	13		439.20	33.78	.003	43.92		.12
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	7	7		597.64	85.38	.002	85.38		.16
PREVENTIVE CARE	, 0	0		.00	.00	.002	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	10		609.65	60.97	.003	121.93		.16
	J	9			54.23				
HOSPITAL VISITS	J 1	1		488.05		.002	97.61		.13
CRITICAL CARE	0	0		121.60	121.60	.000	121.60		.03
SNF/ICF/TRANS IP CARE	0			.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.000	37.15		.01
EXAMINATIONS	1	1		37.15	37.15	.000	37.15		.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	10		680.75	68.08	.003	340.38		.18
PRINCIPAL SURGEON	1	1		466.12	466.12	.000	466.12		.12
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	9		214.63	23.85	.002	214.63		.06
OUTPATIENT SURGERY	2	4		154.51	38.63	.001	77.26		.04
PRINCIPAL SURGEON	2	4		154.51	38.63	.001	77.26		.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	15		57.66	3.84	.004	28.83		.02
RADIOLOGY	10	21		563.75	26.85	.006	56.38		.15
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	554	1,471		20,625.33	14.02	.387	37.23		5.43
@PHARMACY	2,383	12,460	\$	519,612.38	\$ 41.70	3.279	\$ 218.05	\$	136.74
PRESCRIPTION DRUGS	2,365	8,565		495,964.02	57.91	2.254	209.71		130.52
SNF/ICF	4	18		574.85	31.94	.005	143.71		.15
OUTPATIENTS	2,362	8,547		495,389.17	57.96	2.249	209.73		130.37
MEDICAL SUPPLIES	281	3,895		23,648.36	6.07	1.025	84.16		6.22
@DENTIST	122	559	\$	22,644.35	\$ 40.51	.147	\$ 185.61	\$	5.96
VISITS - DIAGNOSTIC	77	351		4,817.35	13.72	.092	62.56		1.27
ORAL SURGERY	12	32		1,438.00	44.94	.008	119.83		.38
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.03
PERIODONTICS	6	6		1,200.00	200.00	.002	200.00		.32
ENDODONTICS	7	8		2,085.00	260.63	.002	297.86		.55
RESTORATIVE DENTISTRY	34	104		8,188.00	78.73	.027	240.82		2.15
PROSTHETICS	1	1		50.00	50.00	.000	50.00		.01
DENTURES, STAYPLATES	18	56		4,766.00	85.11	.015	264.78		1.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
VIII OIHEK SEKAICES	0	O		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,338 MOP024

FEE-FOR-SERVICE/DENTAL SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR CASH GR	KANT.	- AGED		AID CODE					
							MO			GE	
3,800 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	54	171	\$	3,784.72	\$	22.13	.045	\$	70.09	\$	1.00
DIAGNOSTIC AND ANC. PROCED	27	27		1,256.29		46.53	.007		46.53		.33
EYE APPLIANCES	49	141		2,415.77		17.13	.037		49.30		.64
OTHER OPTOMETRIC SERVICES	2	3		112.66		37.55	.001		56.33		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	14	24	\$	448.77	\$	18.70	.006	\$	32.06	\$.12
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	14	24		448.77		18.70	.006		32.06		.12
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		Ś	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	· ·	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	386	1,391	¢	123,194.68	\$	88.57	.366		319.16	\$	32.42
HOSP INPATIENT TOTAL	56	281	Y	95,542.97	Y	340.01	.074	Y	1706.12	Y	25.14
HSC HOSPITALS	6	21		17,716.92		843.66	.006		2952.82		4.66
NON-HSC HOSPITAL TOTAL	5	27		33,108.88		1226.25	.007		6621.78		8.71
	5	27					.007		2366.64		3.11
ACCOMMODATIONS	0	0		11,833.18		438.27					
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	5			.00		.00	.000		.00		.00
ALL OTHER ACCOM		27 0		11,833.18		438.27	.007		2366.64		3.11
ANCILLARIES	5	•		21,275.70		.00	.000		4255.14		5.60
INPATIENT CROSSOVERS	46	233		44,717.17		191.92	.061		972.11		11.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	342	1,110		27,651.71		24.91	.292		80.85		7.28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	21		300.82		14.32	.006		42.97		.08
RADIOLOGY	7	8		585.51		73.19	.002		83.64		.15
ROOM USE	3	2		69.91		34.96	.001		23.30		.02
CROSSOVERS/ALL OTH OUTPTNT		1,079		26,695.47		24.74	.284		79.93		7.03
@COUNTY HOSPITAL TOTAL	8	40	\$	4,843.38	\$.011	\$	605.42	\$	1.27
CO HOSPITAL INPATIENT TOTAL		4		3,686.98		921.75	.001		3686.98		.97
HSC HOSPITALS	1	4		3,686.98		921.75	.001		3686.98		.97
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	36		1,156.40		32.12	.009		165.20		.30
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

01/17/03

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SAN BENITO COUNTY	SUMMARY OF SERVIC	ES FOR CASH GRAI	И.Т. —	· AGED		AID CODE I	. 0				
									HLY AVERA		
3,800 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST U	JNITS/DAY	S			OST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	380	1,351	\$	118,351.30	\$	87.60	.356	\$	311.45	\$	31.15
COMM HOSP INPATIENT TOTAL	56	277		91,855.99		331.61	.073		1640.29		24.17
HSC HOSPITALS	5	17		14,029.94		825.29	.004		2805.99		3.69
NON-HSC HOSPITALS TOTAL	5	27		33,108.88		226.25	.007		6621.78		8.71
ACCOMMODATIONS	5	27		11,833.18		438.27	.007		2366.64		3.11
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	27		11,833.18		438.27	.007		2366.64		3.11
ANCILLARIES	5	0		21,275.70		.00	.000		4255.14		5.60
INPATIENT CROSSOVERS	46	233		44,717.17		191.92	.061		972.11		11.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	336	1,074		26,495.31		24.67	.283		78.86		6.97
MEDICAL	0	1,0/4		.00		.00	.203		.00		.00
	0	0									
SURGERY	7			.00		.00	.000		.00		.00
PATHOLOGY	/	21		300.82		14.32	.006		42.97		.08
RADIOLOGY	/	8		585.51		73.19	.002		83.64		.15
ROOM USE	3	2		69.91		34.96	.001		23.30		.02
CROSSOVERS/ALL OTH OUTPTNT		1,043		25,539.07		24.49	.274		77.86		6.72
@STATE HOSPITAL	0		\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15		\$	27,818.67	\$	434.67	.017	\$	1854.58	\$	7.32
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	64		27,818.67		434.67	.017		1854.58		7.32
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15		Ś	9,865.43	\$	616.59	.004	Ś	657.70	Ś	2.60
HOSPITAL BASED	0	0	т	.00	τ	.00	.000	Τ.	.00	т	.00
HEMODIALYSIS CENTER	15	16		9,865.43		616.59	.004		657.70		2.60
@REHABILITATION FACILITY	1		\$	48.00	\$	48.00	.000	ς	48.00	Ś	.01
HOSPITAL BASED	± 1	1	Υ	48.00	Y	48.00	.000	Y	48.00	Y	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0		\$	237.00	ċ	16.93		ċ	47.40	ċ	.06
@LABORATORY FACILITY	3	5	Ş		\$.004	Ą		ş	
PATHOLOGY	2			96.68		19.34	.001		48.34		.03
XO AND OTHERS	3	9	<u> </u>	140.32	~	15.59	.002	<u> </u>	46.77	<u> </u>	.04
@ORGANIZED OUTPATIENT CLINIC	215		\$	14,142.24	\$	43.38	.086	Þ		\$	3.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		408.34		204.17	.001		204.17		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	213	324		13,733.90		42.39	.085		64.48		3.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE:	S MC	NTH-OF-PAYMENT RE	PORT	FOR JAN 20	002 THRU	DEC	2002	PAC	GE 10,340

MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

					MON'	THLY AVERAG	E
3,800 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	317	23,327 \$	50,398.90	\$ 2.16	6.139 \$	158.99	\$ 13.26
DURABLE MED. EQUIP.	8	16	1,068.47	66.78	.004	133.56	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	15	2,313.39	154.23	.004	330.48	.61
MEDICAL TRANSPORTATION	28	343	2,678.03	7.81	.090	95.64	.70
AMBULANCES/AIR TRANS	3	25	483.06	19.32	.007	161.02	.13
OTHER TRANS	2	30	84.56	2.82	.008	42.28	.02
OTHER SERVICES	23	288	2,110.41	7.33	.076	91.76	.56
ACUPUNCTURE	4	16	281.14	17.57	.004	70.29	.07
ADULT DAY HEALTH CARE CTR	16	179	11,968.07	66.86	.047	748.00	3.15
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	35	2,337.39	66.78	.009	259.71	.62
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	73	167	2,210.55	13.24	.044	30.28	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	22	4,621.90	210.09	.006	385.16	1.22
HOSPICE SERVICES	3	109	11,716.32	107.49	.029	3905.44	3.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	174	22,424	11,202.99	.50	5.901	64.39	2.95
@CALIF. CHILDREN SERVICES*	0	2CR \$	21.40CR	•	.001CR\$.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	953	5,620 \$	•	\$ 23.80	1.479 \$	140.35	\$ 35.20

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,341 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MON	NTHLY AVERA	GE
284 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	178	1,049	\$	57,602.02	\$ 54.91	3.694	323.61	\$ 202.82
@PHYSICIANS SERVICES	52	146	\$	4,240.86	\$ 29.05	.514	81.56	\$ 14.93
OUTPATIENT VISITS	23	31		1,078.59	34.79	.109	46.90	3.80
OFFICE VISITS	17	23		716.19	31.14	.081	42.13	2.52
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5		282.96	56.59	.018	56.59	1.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3		79.44	26.48	.011	26.48	.28
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	4	141.93	35.48	.014	70.97	.50
EXAMINATIONS	2	4	141.93	35.48	.014	70.97	.50
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	14	1,973.06	140.93	.049	657.69	6.95
PRINCIPAL SURGEON	3	4	1,538.72	384.68	.014	512.91	5.42
ASSISTANT SURGEON	1	1	232.32	232.32	.004	232.32	.82
ANESTHESIOLOGIST	1	9	202.02	22.45	.032	202.02	.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	14.66	2.44	.021	4.89	.05
RADIOLOGY	9	12	171.02	14.25	.042	19.00	.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	79	861.60	10.91	.278	45.35	3.03
@ PHARMACY	139	571	\$ 32,808.81	\$ 57.46	2.011	\$ 236.03	\$ 115.52
PRESCRIPTION DRUGS	137	455	32,414.42	71.24	1.602	236.60	114.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	137	455	32,414.42	71.24	1.602	236.60	114.14
MEDICAL SUPPLIES	14	116	394.39	3.40	.408	28.17	1.39
@DENTIST	15	52	\$ 3,092.00	\$ 59.46	.183	\$ 206.13	\$ 10.89
VISITS - DIAGNOSTIC	9	31	515.00	16.61	.109	57.22	1.81
ORAL SURGERY	6	7	435.00	62.14	.025	72.50	1.53
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.007	100.00	.70
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	690.00	138.00	.018	345.00	2.43
RESTORATIVE DENTISTRY	4	7	1,252.00	178.86	.025	313.00	4.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 10,342
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	S FOR CASH GRANT	Γ - BLIND	AID CODE	20		

----- MONTHLY AVERAGE -----284 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 47.45 @OPTOMETRIST 1 47.45 .004 \$ 47.45 \$. 17 DIAGNOSTIC AND ANC. PROCED 1 47.45 .004 47.45 47.45 .17 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$.00 .00 @CHIROPRACTOR .00 \$.00 .00 .00 .000 .00 .00 VISITS 0 .00 .00 .00 OTHER SERVICES .000 .00 59.70 \$ 19.90 .011 \$ 29.85 \$.21 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 . 00 . 00 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 3 OTHER 59.70 19.90 .011 29.85 .21 0 .00 Ś .00 .000 \$.00 \$ @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 . 00 .00 .00 .000 \$ FAMILY NURSE PRACTITIONER .00 \$. 00 @TOTAL HOSPITAL 21 3,610.59 \$ 41.50 .306 \$ 171.93 \$ 12.71 1,604.00 178.22 .032 802.00 5.65 HOSP INPATIENT TOTAL .00 .00 HSC HOSPITALS .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 1,604.00 INPATIENT CROSSOVERS 178.22 .032 802.00 5.65 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 19 78 2,006.59 25.73 .275 105.61 7.07 MEDICAL 191.75 31.96 .021 63.92 . 68 29.74 SURGERY 1 29.74 .004 29.74 .10 PATHOLOGY 11 134.17 12.20 .039 22.36 . 47 10 289.28 28.93 .035 36.16 1.02 RADIOLOGY 15 723.19 48.21 2.55 .053 80.35 ROOM USE 35 CROSSOVERS/ALL OTH OUTPTNT 11 638.46 18.24 .123 58.04 2.25 .00 \$.00 .000 \$.00 \$ @COUNTY HOSPITAL TOTAL .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS

ADMINISTRATIVE DAYS
TRANSITIONAL IP CARE

ALL OTHER ACCOM

ANCILLARIES

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INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 10,343
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT -	BLIND	AID CODE	20		
					MONT	HIY AVERAG	E

SAN BENITO COUNTI	SOMMANT OF SERV	ICES FOR	CADII GIV	71.4 T	BHIND		AID CODE	M	∩ntm	ע מיינוע א דווו	CE	
284 ELIGIBLES	USERS	UNITS OF	CEDUTCE		EXPENDITURES	73 7 7 7	ERAGE COST				.GE	COST PER
204 ELIGIBLES	USERS	OR DAYS	-		EXPENDITURES		R UNIT/DAY			USER		ELIGIBLE
ACCOMMINITELY HOCDITURE TOWAR	21	OR DAIS		Ċ	3 (10 50			.306			ċ	-
@COMMUNITY HOSPITAL TOTAL			87	\$	3,610.59	\$	41.50		Ş	171.93	Ş	12.71
COMM HOSP INPATIENT TOTAL	2		9		1,604.00		178.22	.032		802.00		5.65
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	•		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		9		1,604.00		178.22	.032		802.00		5.65
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19		78		2 , 006.59		25.73	.275		105.61		7.07
MEDICAL	3		6		191.75		31.96	.021		63.92		.68
SURGERY	1		1		29.74		29.74	.004		29.74		.10
PATHOLOGY	6		11		134.17		12.20	.039		22.36		.47
RADIOLOGY	8		10		289.28		28.93	.035		36.16		1.02
ROOM USE	9		15		723.19		48.21	.053		80.35		2.55
CROSSOVERS/ALL OTH OUTPTNT	11		35		638.46		18.24	.123		58.04		2.25
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1		2	\$	1,162.65	\$	581.33	.007	\$	1162.65	\$	4.09
HOSPITAL BASED	0		0	·	.00	·	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	1		2		1,162.65		581.33	.007		1162.65		4.09
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	·	.00	·	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		5	\$	34.56	\$	6.91	.018	\$	34.56	Ś	.12
PATHOLOGY	1		5	'	34.56	т	6.91	.018	*	34.56	т.	.12
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
	ŭ		-		• • • •							

@ORGANIZED OUTPATIENT CLINIC	15	22	\$	1,933.04	\$ 87.87	.077 \$	128.87	\$ 6.81
CLINIC	3	6	·	399.22		.021	133.07	1.41
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	16		1,533.82	95.86	.056	109.56	5.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	ONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 10,344
MOP024	FEE-FOR-SERVICE/DE	NTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	S FOR CASH G	RANT	- BLIND	AID CODE	20		
						MON	THLY AVERA	GE
284 ELIGIBLES	USERS UN	ITS OF SERVICE	-	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CAR	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14	160	\$	10,612.36	\$ 66.33	.563 \$	758.03	\$ 37.37
DURABLE MED. EQUIP.	5	16		9,806.47	612.90	.056	1961.29	34.53
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	131		700.82	5.35	.461	233.61	2.47
AMBULANCES/AIR TRANS	1	95		451.90	4.76	.335	451.90	1.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	36		248.92	6.91	.127		.88
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.007	26.08	.09
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SPEECH AND AUDIOLOGY HOSPICE SERVICES

NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES

EPSDT SUPPLEMENTAL SERVICE

RESPIRATORY CARE PRACT.

@XOVER EXCLUDING STATE HOSP** 26

PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,345 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

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							MO	NTI	HLY AVERA	GE	
5,983 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CAR	E		PER 1	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,238	181 , 956	\$	2,920,881.91	\$	16.05	30.412	\$	689.21	\$	488.20
@PHYSICIANS SERVICES	1,378	4,948	\$	170,907.33	\$	34.54	.827	\$	124.03	\$	28.57
OUTPATIENT VISITS	673	1,110		46,927.76		42.28	.186		69.73		7.84
OFFICE VISITS	400	540		18,485.91		34.23	.090		46.21		3.09
HOME VISITS	8	12		417.23		34.77	.002		52.15		.07
EMERGENCY ROOM	267	399		23,393,23		58.63	.067		87.62		3.91

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	10	482.35	48.24	.002	96.47	.08
OTHER OUTPATIENT	76	149	4,149.04	27.85	.025	54.59	.69
INPATIENT VISITS	104	415	26,097.53	62.89	.069	250.94	4.36
HOSPITAL VISITS	83	328	16,039.31	48.90	.055	193.24	2.68
CRITICAL CARE	10	60	9,196.13	153.27	.010	919.61	1.54
SNF/ICF/TRANS IP CARE	23	27	862.09	31.93	.005	37.48	.14
OPHTHALMOLOGICAL SERVICES	22	27	1,091.47	40.42	.005	49.61	.18
EXAMINATIONS	22	27	1,091.47	40.42	.005	49.61	.18
SERVICES AND MATERIALS		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	41	262	25,116.00	95.86	.044	612.59	4.20
PRINCIPAL SURGEON	28	53	18,970.21	357.93	.009	677.51	3.17
ASSISTANT SURGEON	4	4	841.03	210.26	.001	210.26	.14
ANESTHESIOLOGIST	17	205	5,304.76	25.88	.034	312.04	.89
OUTPATIENT SURGERY	83	240	14,593.77	60.81	.040	175.83	2.44
	59	85	•			174.67	1.72
PRINCIPAL SURGEON			10,305.52	121.24	.014		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	26	155	4,288.25	27.67	.026	164.93	.72
DIALYSIS	6	17	2,006.55	118.03	.003	334.43	.34
PATHOLOGY	81	264	2,472.96	9.37	.044	30.53	.41
RADIOLOGY	320	624	20,927.98	33.54	.104	65.40	3.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	16	237.62	14.85	.003	21.60	.04
OTHER SERVICES/ALL X-OVERS	627	1,973	31,435.69	15.93	.330	50.14	5.25
@PHARMACY	3,493	35,503 \$	1,262,937.12	\$ 35.57	5.934	\$ 361.56	
PRESCRIPTION DRUGS	3,421	13,812	1,218,263.65	88.20	2.309	356.11	203.62
SNF/ICF	42	313	28,066.18	89.67	.052	668.24	4.69
OUTPATIENTS	3,382	13,499	1,190,197.47	88.17	2.256	351.92	198.93
MEDICAL SUPPLIES	374 321	21,691	44,673.47	2.06	3.625	119.45	7.47
@DENTIST	321	1,341 \$	60,859.86		.224		
VISITS - DIAGNOSTIC	211	872	14,113.11	16.18	.146	66.89	2.36
ORAL SURGERY	41	90	5,517.00	61.30	.015	134.56	.92
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	6	6	400.00	66.67	.001	66.67	.07
PERIODONTICS	25	27	4,020.00	148.89	.005	160.80	.67
	13	16	4,500.00	281.25	.003	346.15	.75
ENDODONTICS	105						
RESTORATIVE DENTISTRY		266	22,783.75	85.65	.044	216.99	3.81
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	23	55	9,291.00	168.93	.009	403.96	1.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	210.00	70.00	.001	70.00	.04
ALL OTHER SERVICES	3	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU D	EC 2002	PAGE 10,346
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	7 - DISABLED	AID CODE	60		
					MO	NTHLY AVERA	GE
5,983 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
3,000 ======	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	89	291 \$	6,500.60	\$ 22.34	.049		
DIAGNOSTIC AND ANC. PROCED	59	65	2,837.30	43.65	.011	48.09	.47
EYE APPLIANCES	77	225	3,651.89	16.23	.038	47.43	.61
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41		11.41	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000		
-	0	0 5	.00		.000		
VISITS	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	42	99	\$ 1,404.76	\$ 14.19	.017	\$ 3	3.45	\$.23
MEDICINE/INJECTIONS	24	32	724.26	22.63	.005	3	0.18	.12
SURGERY/ANES.	2	2	67.02	33.51	.000	3	3.51	.01
RADIO./PATHOLOGY	3	4	51.91	12.98	.001	1	7.30	.01
OTHER	18	61	561.57	9.21	.010	3	1.20	.09
@HOME HEALTH AGENCY	32	215	\$ 15,750.79	\$ 73.26	.036	\$ 49	2.21	\$ 2.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,107	6,846	\$ 852,763.24	\$ 124.56	1.144	\$ 77	0.34	\$ 142.53
HOSP INPATIENT TOTAL	109	557	692,865.01	1243.92	.093	635	6.56	115.81
HSC HOSPITALS	34	251	358,863.00	1429.73	.042	1055	4.79	59.98
NON-HSC HOSPITAL TOTAL	44	186	307,535.15	1653.41	.031	698	9.44	51.40
ACCOMMODATIONS	44	186	106,546.18	572.83	.031	242	1.50	17.81
ADMINISTRATIVE DAYS	1	42	9,731.77	231.71	.007	973	1.77	1.63
TRANSITIONAL IP CARE	0	0	75.51	.00	.000		.00	.01
ALL OTHER ACCOM	43	144	96,738.90	671.80	.024	224	9.74	16.17
ANCILLARIES	44	0	200,988.97	.00	.000	456	7.93	33.59
INPATIENT CROSSOVERS	36	120	26,466.86	220.56	.020	73	5.19	4.42
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,051	6 , 289	159,898.23	25.43	1.051		2.14	26.73
MEDICAL	171	241	12,001.37	49.80	.040	7	0.18	2.01
SURGERY	40	46	3,022.34	65.70	.008		5.56	.51
PATHOLOGY	474	3,010	30,182.47	10.03	.503	6	3.68	5.04
RADIOLOGY	260	437	39,298.98	89.93	.073	15	1.15	6.57
ROOM USE	360	600	26,680.44	44.47	.100	7	4.11	4.46
CROSSOVERS/ALL OTH OUTPINT	570	1,955	48,712.63	24.92	.327	8	5.46	8.14
@COUNTY HOSPITAL TOTAL	121	456	\$ 150,383.88	\$ 329.79	.076	\$ 124	2.84	\$ 25.14
CO HOSPITAL INPATIENT TOTAL	9	128	135,366.74	1057.55	.021	1504		22.63
HSC HOSPITALS	9	86	112,538.00	1308.58	.014	1250	4.22	18.81

NON-HSC HOSPITALS TOTAL	1	42		22,828.74		543.54	.007	22828.74		3.82
ACCOMMODATIONS	1	42		9,714.60		231.30	.007	9714.60		1.62
ADMINISTRATIVE DAYS	1	42		9,714.60		231.30	.007	9714.60		1.62
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		13,114.14		.00	.000	13114.14		2.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	112	328		15,017.14		45.78	.055	134.08		2.51
MEDICAL	35	43		2,271.92		52.84	.007	64.91		.38
SURGERY	3	3		338.26		112.75	.007	112.75		.06
PATHOLOGY	28	95		1,048.88		11.04	.016	37.46		.18
	20 8	10		842.75		84.28	.002	105.34		.14
RADIOLOGY	70	86		3,448.85		40.10	.002	49.27		.14
ROOM USE		91		7,066.48		77.65		207.84		1.18
CROSSOVERS/ALL OTH OUTPTNT			DEC 14				.015		_	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		KES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU DI	£C 2002	F	PAGE 10,347 01/17/03
SAN BENITO COUNTY		I/DENTAL ICES FOR CASH G	יחדת ע כ	- DICABIED		AID CODE	60			01/1//03
SAN BENITO COUNTI	SUMMARI OF SERV	ICES FOR CASH GI	XMIVI	- DISABLED		AID CODE	MOI	JTHIV AVERA	CF	
5,983 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AME:	RAGE COST	UNITS/DAYS		LOLI	COST PER
3,303 111011110	ODLINO	OR DAYS OF CAR					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,020	6,390	\$	702,379.36		109.92	1.068			117.40
COMM HOSP INPATIENT TOTAL	102	429	Υ	557,498.27		1299.53	.072	5465.67	۲	93.18
HSC HOSPITALS	25	165		246,325.00		1492.88	.028	9853.00		41.17
NON-HSC HOSPITALS TOTAL	43	144		284,706.41		1977.13	.024	6621.08		47.59
ACCOMMODATIONS	43	144		96,831.58	•	672.44	.024	2251.90		16.18
ADMINISTRATIVE DAYS	0	0		17.17		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		75.51		.00	.000	.00		.01
ALL OTHER ACCOM	43	144		96,738.90		671.80	.024	2249.74		16.17
ANCILLARIES	43	0		187,874.83		.00	.000	4369.18		31.40
INPATIENT CROSSOVERS	36	120		26,466.86		220.56	.020	735.19		4.42
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	964	5 , 961		144,881.09		24.30	.996	150.29		24.22
MEDICAL	140	198		9,729.45		49.14	.033	69.50		1.63
SURGERY	37	43		2,684.08		62.42	.033	72.54		.45
PATHOLOGY	448	2 , 915		29,133.59		9.99	.487	65.03		4.87
RADIOLOGY	253	2,913 427		38,456.23		90.06	.071	152.00		6.43
	303									0.43 3.88
ROOM USE		514		23,231.59		45.20	.086	76.67		
CROSSOVERS/ALL OTH OUTPTNT	0	1,864 0	ċ	41,646.15	\$	22.34	.312	77.27	ċ	6.96
@STATE HOSPITAL	0	· ·	\$.00	Ş	.00	.000		Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0 37	0	ċ	.00	Ċ	.00	.000	.00	ċ	.00
@NURSING FACILITY		981	\$	175,967.77	\$	179.38		\$ 4755.89	Þ	29.41
LEV A-INTERMEDIATE	2	101		8,546.62		84.62	.017	4273.31		1.43
LEV B-REHAB MD	· ·	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00

0

0

0

0

0

935

20

915

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\$

880

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.00

\$

167,421.15

55,261.75

49,218.63

6,043.12

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59.10

302.16

53.79

190.25

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.147

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6043.12

1047.20

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9.24

1.01

8.23

27.98

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

0

0

0

0

0

48

1

47

35

@REHABILITATION FACILITY	5	3 \$	284.78	\$ 94.93	.001 \$	56.96	\$.05
HOSPITAL BASED	5	3	284.78	94.93	.001	56.96	.05
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	165	507 \$	7,897.22	\$ 15.58	.085 \$	47.86	\$ 1.32
PATHOLOGY	163	502	7,893.12	15.72	.084	48.42	1.32
XO AND OTHERS	2	5	4.10	.82	.001	2.05	.00
@ORGANIZED OUTPATIENT CLINIC	757	1,302 \$	103,831.07	\$ 79.75	.218 \$	137.16	\$ 17.35
CLINIC	7	18	941.06	52.28	.003	134.44	.16
SURGICENTER	1	7	611.21		.001	611.21	.10
HEROIN DETOX CLINIC	2	32	371.62	87.32 11.61	.005	611.21 185.81	.06
RURAL HEALTH CLINIC	748	1,245	101,907.18	81.85	.208	136.24	17.03
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					
MOP024	FEE-FOR-SERVICE					2002	01/17/03
SAN BENITO COUNTY		VICES FOR CASH GRANT	- DISABLED	AID CODE	60		01/1//00
5111 5211110 0001111	0011111111 01 0111	. 1020 1010 011011 0111111	510115115	1112 0022	MONT	HLY AVERA	GE
5,983 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@ALL OTHER PROVIDERS	537 90 0	128,984 \$	206,488.82	\$ 1.60	21.558 \$		-
DURABLE MED. EQUIP.	90	454	68,875.52	151.71		765.28	11.51
BLOOD BANK	0	0	.00	.00		.00	.00
HEARING AID DISPENSERS	4		969.71	121 21	001	242.43	.16
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	95	2 470	23,898.42	121.21 9.68	.001 .413	251.56	
AMBULANCES/AIR TRANS	56	1 082	11,833.26	9.68 10.94 4.55	.181	211.30	
OTHER TRANS	56 10 32	1,082 1,052	4,785.34	10.94 4.55 21.67	.176	211.31 478.53	.80
OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	3.2	336	7,279.82	21.67	.056	227.49	1.22
ACIDINCTIDE	2	2	43.25	21.63	• 0 5 0	21.63	.01
ACTIONCIONE	0	0	.00	.00	.000	.00	.00
CENERIC DICENCE RECRINC	1	1	105.00	105.00		105 00	.02
TIME MODEL HE HE AIDS MSSD	1.2	2 227	66,174.65	105.00 29.58	.374	105.00 5514.55	11.06
OCCUPATIONAL TUEDADICT	12	2,237	.00	29.30	.3/4		.00
OCCUPATIONAL INERAPIST	111	250	2,930.55	.00 11.31	.000	.00 26.40	.49
OFITCIAN BUEDADICE	111	239	•	.00	.043	.00	.00
PHISICAL THERAPIST	1	0	.00 .65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	1	1.2	1 226 21	102.02			.22
PROSTHETIST/ORTHOTISTS PROSTHETICS	4	1 13 13 0 2 33	1,326.21 1,326.21	102.02	.002	331.55 331.55	.22
	0	13	1,320.21	.00		.00	.00
ORTHOTICS	1	0	.00				
PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	12	2	33.22	16.61	.000	33.22 296.83	.01
SPEECH AND AUDIOLOGY	3	33	3,561.95	107.94			.60
HOSPICE SERVICES	3	7 0	9,041.1/	129.49	.013	3280.39	1.64
NONTHST BIRTHING CENTERS	()	0 429	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	429	•	7.48	.072	103.57	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	0 1 0 122,999	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00		.00	.00
ALL OTHER PROVIDERS	226	122,999	25,518.00	.21	20.558		4.27
@CALIF. CHILDREN SERVICES*	127	2,933 \$	316,842.22	\$ 108.03		2555.18	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

748

@XOVER EXCLUDING STATE HOSP**

9,568

17,099 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

125,974.75 \$ 13.17 1.599 \$ 168.42 \$

21.06

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,349
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

@TOTAL, ALL PROVIDERS	7,105	28 , 692	\$	1,582,254.18	\$	55.15	1.678	\$	222.70	\$	92.53
@PHYSICIANS SERVICES	2,384	4,627	\$	215,602.87	\$	46.60	.271	\$	90.44	\$	12.61
OUTPATIENT VISITS	1,804	2,395		99,099.84		41.38	.140		54.93		5.80
OFFICE VISITS	1,046	1,314		46,510.01		35.40	.077		44.46		2.72
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	785	917		42,735.71		46.60	.054		54.44		2.50
PREVENTIVE CARE	2	2		109.66		54.83	.000		54.83		.01
OB VISITS/COMPRE PERI	56	105		7,701.69		73.35	.006		137.53		.45
OTHER OUTPATIENT	51	57		2,042.77		35.84	.003		40.05		.12
INPATIENT VISITS	79	191		11,180.75		58.54	.011		141.53		.65
HOSPITAL VISITS	75	169		8,702.61		51.49	.010		116.03		.51
CRITICAL CARE	5	22		2,478.14		112.64	.001		495.63		.14
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	9	9		360.56		40.06	.001		40.06		.02
EXAMINATIONS	9	9		360.56		40.06	.001		40.06		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	94	289		47,985.65		166.04	.017		510.49		2.81
PRINCIPAL SURGEON	62	68		40,711.44		598.70	.004		656.64		2.38
ASSISTANT SURGEON	12	12		2,093.81		174.48	.001		174.48		.12
ANESTHESIOLOGIST	28	209		5,180.40		24.79	.012		185.01		.30
OUTPATIENT SURGERY	173	354		25,826.57		72.96	.021		149.29		1.51
PRINCIPAL SURGEON	148	175		20,766.65		118.67	.010		140.32		1.21
ASSISTANT SURGEON	1	1		186.50		186.50	.000		186.50		.01
ANESTHESIOLOGIST	52	178		4,873.42		27.38	.010		93.72		.29
DIALYSIS	1	1		56.60		56.60	.000		56.60		.00
PATHOLOGY	189	344		2,435.21		7.08	.020		12.88		.14
RADIOLOGY	547	696		17,973.35		25.82	.041		32.86		1.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	38	83		891.28		10.74	.005		23.45		.05
OTHER SERVICES/ALL X-OVERS	163	265		9,793.06		36.95	.015		60.08		.57
@PHARMACY	3,532	8,535	\$	381,241.37	\$	44.67	.499	Ś		Ś	22.30
PRESCRIPTION DRUGS	3,515	8,412	т.	377,747.58	т.	44.91	.492	7	107.47	-	22.09
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3,515	8,412		377,747.58		44.91	.492		107.47		22.09
MEDICAL SUPPLIES	95	123		3,493.79		28.40	.007		36.78		.20
@DENTIST	813	3,965	\$		\$	32.83	.232	Ś	160.12	Ś	7.61
VISITS - DIAGNOSTIC	596	2,639	т.	42,109.69	т.	15.96	.154	7	70.65	-	2.46
ORAL SURGERY	92	177		10,978.75		62.03	.010		119.33		.64
DRUGS	21	22		543.75		24.72	.001		25.89		.03
ANESTHESIA	12	12		1,100.00		91.67	.001		91.67		.06
PERIODONTICS	14	18		2,600.00		144.44	.001		185.71		.15
ENDODONTICS	54	103		13,192.50		128.08	.006		244.31		.77
RESTORATIVE DENTISTRY	284	908		51,779.00		57.03	.053		182.32		3.03
PROSTHETICS	1	1		50.00		50.00	.000		50.00		.00
DENTURES, STAYPLATES	6	25		2,758.00		110.32	.001		459.67		.16
SPACE MAINTAINERS	5	6		600.00		100.00	.000		120.00		.04
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	31	43		4,162.50		96.80	.003		134.27		.24
ALL OTHER SERVICES	8	9		201.00		22.33	.003		25.13		.01
#CALIF DEPT OF HEALTH SERV			EC I	ZUI.UU MONTH-OF-PAYMENT R	EPOR			DEC		Þ	AGE 10,350
MOP024	FEE-FOR-SERVICE		ا بند.	MONTH OF ENTREMENT R	<u>ы</u> г ОП.	L LOIL OAN	2002 IIINU I		2002	r.	01/17/03
SAN BENITO COUNTY			33	35 38 40 42 3A-3M	3D 31	3 3 1 3 W A C .	-4G				01/1//03
2777 DEMILIO COOMII	COLIMANT OF SERV	TOND FOIL COF 30-	JJ .	JJ JU TU TZ JA JM)ı)ı	. JU JW 40	-4G M(יייותר	T.Y AWEDA	CF	
17,099 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS				COST PER

@OPTOMETRIST	143	427	\$	9,772.05	\$	22.89	.025	\$ 68.34	\$.57
DIAGNOSTIC AND ANC. PROCED	99	99		4,682.98		47.30	.006	47.30		.27
EYE APPLIANCES	117	328		5,089.07		15.52	.019	43.50		.30
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0	Τ	.00	т	.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	7	12	\$	330.35	\$	27.53	.001			.02
MEDICINE/INJECTIONS	6	9	Y	263.73	۲	29.30	.001	43.96		.02
SURGERY/ANES.	1	1		32.02		32.02	.000	32.02		.00
	1	2								
RADIO./PATHOLOGY	2			34.60		17.30	.000	17.30		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	13	24	\$	1,432.78	\$	59.70	.001			.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			.00
FAMILY NURSE PRACTITIONER	1	2	\$	33.56	\$.000	•		.00
@TOTAL HOSPITAL	1,612	5,118	\$	509 , 560.39	\$.299			29.80
HOSP INPATIENT TOTAL	78	267		377 , 746.50		1414.78	.016	4842.90		22.09
HSC HOSPITALS	11	57		72,782.09		1276.88	.003	6616.55		4.26
NON-HSC HOSPITAL TOTAL	68	210		304,964.41		1452.21	.012	4484.77		17.84
ACCOMMODATIONS	66	210		104,188.69		496.14	.012	1578.62		6.09
ADMINISTRATIVE DAYS	1	7		1,619.10		231.30	.000	1619.10		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	65	203		102,569.59		505.27	.012	1577.99		6.00
ANCILLARIES	68	0		200,775.72		.00	.000	2952.58		11.74
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,565	4,851		131,813.89		27.17	.284	84.23		7.71
MEDICAL	199	225		6,463.63		28.73	.013	32.48		.38
SURGERY	75	78		5,469.46		70.12	.005	72.93		.32
	730	2,163		27,530.17		12.73	.126	37.71		1.61
PATHOLOGY	430	•								
RADIOLOGY		542		31,622.60		58.34	.032	73.54		1.85
ROOM USE	875	1,104		48,556.95		43.98	.065	55.49		2.84
CROSSOVERS/ALL OTH OUTPTNT	503	739		12,171.08		16.47	.043	24.20		.71
@COUNTY HOSPITAL TOTAL	79	315	\$	52,372.48	Ş	166.26	.018			3.06
CO HOSPITAL INPATIENT TOTAL	2	37		46,406.97		1254.24	.002	23203.49		2.71
HSC HOSPITALS	2	30		40,560.03		1352.00	.002	20280.02		2.37
NON-HSC HOSPITALS TOTAL	1	7		5,846.94		835.28	.000	5846.94		.34
ACCOMMODATIONS	1	7		1,619.10		231.30	.000	1619.10		.09
ADMINISTRATIVE DAYS	1	7		1,619.10		231.30	.000	1619.10		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		4,227.84		.00	.000	4227.84		.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	78	278		5,965.51		21.46	.016	76.48		.35
MEDICAL	11	12		550.77		45.90	.001	50.07		.03
SURGERY	4	5		177.77		35.55	.000	44.44		.01
PATHOLOGY	28	131		1,126.62		8.60	.008	40.24		.07
RADIOLOGY	8	9		843.62		93.74	.001	105.45		.05
ROOM USE	58	74		2,652.42		35.84	.004	45.73		.16
CROSSOVERS/ALL OTH OUTPTNT	20	47		614.31		13.07	.003	30.72		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES		E.POP					AGE 10,351
MOP024	FEE-FOR-SERVICE/DENTA			IONIII OI TAIPENI N	01/	I ION OAN ZOUZ	1111/0	210 2002	E	01/17/03
1101 02 1	THE TOTAL SHILL TOTAL DENIE									01/11/03

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SAN BENITO COUNTY

17,099 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	 COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,552	4,803	\$	457,187.91	\$ 95.19	.281	\$ 294.58	\$ 26.74
COMM HOSP INPATIENT TOTAL	76	230		331,339.53	1440.61	.013	4359.73	19.38
HSC HOSPITALS	9	27		32,222.06	1193.41	.002	3580.23	1.88
NON-HSC HOSPITALS TOTAL	67	203		299,117.47	1473.49	.012	4464.44	17.49
ACCOMMODATIONS	65	203		102,569.59	505.27	.012	1577.99	6.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	65	203		102,569.59	505.27	.012	1577.99	6.00
ANCILLARIES	67	0		196,547.88	.00	.000	2933.55	11.49
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,504	4,573		125,848.38	27.52	.267	83.68	7.36
MEDICAL	189	213		5,912.86	27.76	.012	31.28	.35
SURGERY	71	73		5,291.69	72.49	.004	74.53	.31
PATHOLOGY	706	2,032		26,403.55	12.99	.119	37.40	1.54
RADIOLOGY	425	533		30 , 778.98	57.75	.031	72.42	1.80
ROOM USE	826	1,030		45,904.53	44.57	.060	55.57	2.68
CROSSOVERS/ALL OTH OUTPINT	485	692		11,556.77	16.70	.040	23.83	.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	11	\$	1,242.31	\$	112.94	.001	\$	414.10	\$.07
HOSPITAL BASED	3	11		1,242.31		112.94	.001		414.10		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	314	784	\$	14,737.85	\$	18.80	.046	\$	46.94	\$.86
PATHOLOGY	314	784		14,737.85		18.80	.046		46.94		.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,343	3,410	\$	286,680.66	\$	84.07	.199	\$	122.36	\$	16.77
CLINIC	101	403		10,114.01		25.10	.024		100.14		.59
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,259	3,007		276,566.65		91.97	.176		122.43		16.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 10,352
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 38 40 42 3A-3M	3P 3F	R 3U 3W 4C	-4G				

----- MONTHLY AVERAGE -----17,099 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,777 @ALL OTHER PROVIDERS 418 31,444.80 \$ 17.70 .104 \$ 75.23 \$ 1.84 11 27 43.41 .002 106.55 DURABLE MED. EQUIP. 1,172.09 .07 0 .00 .00 .000 .00 BLOOD BANK .00 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 61 834 18,698.68 22.42 .049 306.54 1.09 827 11,478.84 13.88 .048 188.18 .67 AMBULANCES/AIR TRANS 3 6.61 .000 19.84 OTHER TRANS 19.84 .00 7,200.00 1800.00 OTHER SERVICES .000 1800.00 .42 ACUPUNCTURE .00 .00 .000 .00 .00 0 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING 1,789.00 66.26 .002 66.26 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 0 0 .00 .00 .000 OCCUPATIONAL THERAPIST .00 OPTICIAN 2,603.37 8.80 19.72 296 .017 .15 88.69 PHYSICAL THERAPIST 88.69 .000 88.69 .01 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 630.87 78.86 .000 315.44 .04 PROSTHETICS 7 542.18 77.45 .000 271.09 .03 ORTHOTICS 1 88.69 88.69 .000 88.69 .01 PSYCHOLOGIST 22 1,471.80 66.90 .001 490.60 .09 SPEECH AND AUDIOLOGY 554.71 46.23 .001 110.94 .03 .00 .00 .000 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES 550 4,435.59 8.06 .032 24.37 .26 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 54,995.77 155 354.81 3.22 @CALIF. CHILDREN SERVICES* .009 \$ 1249.90 \$.00 \$.00 .00 \$.00 @XOVER EXCLUDING STATE HOSP** .000 \$

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,353

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR CASH GRA	YIN.T.			140		C.E.	
27 166 BLIGIBLES	HORDO	INITES OF SERVICE			717ED 7 CE COOE		NTHLY AVERA	GE	
27,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,251	251,602	\$	5,356,698.89	\$ 21.29	9.262			197.18
@PHYSICIANS SERVICES	4,390	11,273	۶ \$	414,516.70	\$ 21.29	.415			15.26
OUTPATIENT VISITS	2,516	3,556	Ą	148,143.03	41.66	.131	58.88	Ą	5.45
OFFICE VISITS	1,473	1,890		66,151.31	35.00	.070	44.91		2.44
HOME VISITS	1,473	1,090		417.23	34.77	.000	52.15		.02
	1,064	1,328		67,009.54	50.46	.049	62.98		2.47
EMERGENCY ROOM PREVENTIVE CARE	2	•		•		.000	54.83		.00
	61	2 115		109.66 8,184.04	54.83 71.17	.004	134.16		.30
OB VISITS/COMPRE PERI	130	209		6,271.25		.004			.23
OTHER OUTPATIENT	188	616			30.01 61.51		48.24 201.53		1.39
INPATIENT VISITS	163	506		37,887.93 25,229.97	49.86	.023 .019	154.79		.93
HOSPITAL VISITS	16	83							.43
CRITICAL CARE	23			11,795.87	142.12	.003 .001	737.24		
SNF/ICF/TRANS IP CARE	23 34	27		862.09	31.93		37.48		.03
OPHTHALMOLOGICAL SERVICES	~ -	41		1,631.11	39.78	.002	47.97		.06
EXAMINATIONS	34	41		1,631.11	39.78	.002	47.97		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	137	561		73,782.40	131.52	.021	538.56		2.72
PRINCIPAL SURGEON	91	122		60,147.77	493.01	.004	660.96		2.21
ASSISTANT SURGEON	16	16		2,934.84	183.43	.001	183.43		.11
ANESTHESIOLOGIST	46	423		10,699.79	25.30	.016	232.60		.39
OUTPATIENT SURGERY	261	612		42,547.91	69.52	.023	163.02		1.57
PRINCIPAL SURGEON	212	268		32,765.40	122.26	.010	154.55		1.21
ASSISTANT SURGEON	2	2		418.82	209.41	.000	209.41		.02
ANESTHESIOLOGIST	79	342		9,363.69	27.38	.013	118.53		.34
DIALYSIS	7	18		2,063.15	114.62	.001	294.74		.08
PATHOLOGY	275	629		4,980.49	7.92	.023	18.11		.18
RADIOLOGY	886	1,353		39,636.10	29.29	.050	44.74		1.46
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	49	99		1,128.90	11.40	.004	23.04		.04
OTHER SERVICES/ALL X-OVERS	1,363	3,788		62,715.68	16.56	.139	46.01		2.31
@PHARMACY	9,547	57 , 069	\$	2,196,599.68	\$ 38.49	2.101		Ş	80.86
PRESCRIPTION DRUGS	9,438	31,244		2,124,389.67	67.99	1.150	225.09		78.20
SNF/ICF	46	331		28,641.03	86.53	.012	622.63		1.05
OUTPATIENTS	9,396	30,913		2,095,748.64	67.80	1.138	223.05		77.15
MEDICAL SUPPLIES	764	25,825		72,210.01	2.80	.951	94.52		2.66
@DENTIST	1,271	5,917	\$		\$ 36.64	.218		Ş	7.98
VISITS - DIAGNOSTIC	893	3,893		61,555.15	15.81	.143	68.93		2.27
ORAL SURGERY	151	306		18,368.75	60.03	.011	121.65		.68
DRUGS	22	23		568.75	24.73	.001	25.85		.02
ANESTHESIA	21	21		1,800.00	85.71	.001	85.71		.07
PERIODONTICS	45	51		7,820.00	153.33	.002	173.78		.29
ENDODONTICS	76	132		20,467.50	155.06	.005	269.31		.75
RESTORATIVE DENTISTRY	427	1,285		84,002.75	65.37	.047	196.73		3.09
PROSTHETICS	3	3		100.00	33.33	.000	33.33		.00
DENTURES, STAYPLATES	47	136		16,815.00	123.64	.005	357.77		.62
SPACE MAINTAINERS	5	6		600.00	100.00	.000	120.00		.02
MAXILLOFACIAL SERVICES	2	2		100.00	50.00	.000	50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	34	46		4,372.50	95.05	.002	128.60		.16
ALL OTHER SERVICES	11	13		201.00	15.46	.000	18.27		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,354

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONTH:	LY AVERA	GE.	
27,166 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S C	OST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	287	890	\$	20,104.82	\$	22.59	.033	\$	70.05	\$.74
DIAGNOSTIC AND ANC. PROCED	186	192		8,824.02		45.96	.007		47.44		.32
EYE APPLIANCES	243	694		11,156.73		16.08	.026		45.91		.41
OTHER OPTOMETRIC SERVICES	3	4		124.07		31.02	.000		41.36		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	65	138	\$	2,243.58	\$	16.26	.005	\$	34.52	\$.08
MEDICINE/INJECTIONS	30	41		987.99		24.10	.002		32.93		.04
SURGERY/ANES.	3	3		99.04		33.01	.000		33.01		.00
RADIO./PATHOLOGY	5	6		86.51		14.42	.000		17.30		.00
OTHER	34	88		1,070.04		12.16	.003		31.47		.04
@HOME HEALTH AGENCY	45	239	\$	17,183.57	\$	71.90	.009			\$.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000			\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	1	2	\$		\$	16.78	.000		33.56	\$.00
@TOTAL HOSPITAL	3,126	13,442	\$		\$	110.78	.495		476.37	\$	54.82
HOSP INPATIENT TOTAL	245	1,114		1,167,758.48		1048.26	.041		4766.36		42.99
HSC HOSPITALS	51	329		449,362.01		1365.84	.012		8811.02		16.54
NON-HSC HOSPITAL TOTAL	117	423		645,608.44		1526.26	.016		5518.02		23.77
ACCOMMODATIONS	115	423		222,568.05		526.17	.016		1935.37		8.19
ADMINISTRATIVE DAYS	2	49		11,350.87		231.65	.002		5675.44		. 42
TRANSITIONAL IP CARE	0	0		75.51		.00	.000		.00		.00
ALL OTHER ACCOM	113	374		211,141.67		564.55	.014		1868.51		7.77
ANCILLARIES	117	0		423,040.39		.00	.000		3615.73		15.57
INPATIENT CROSSOVERS	84	362		72,788.03		201.07	.013		866.52		2.68
ALL OTHER INPATIENT	0	12 220		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2 , 977	12,328		321,370.42		26.07	.454		107.95		11.83
MEDICAL	373	472		18,656.75		39.53	.017		50.02		.69
SURGERY	116	125		8,521.54		68.17	.005		73.46		.31
PATHOLOGY	1,217 705	5 , 205 997		58,147.63 71,796.37		11.17 72.01	.192 .037		47.78 101.84		2.14 2.64
RADIOLOGY ROOM USE	1,247	1,721		76,030.49		44.18	.037		60.97		2.80
CROSSOVERS/ALL OTH OUTPTNT	1,418	3,808		88,217.64		23.17	.140		62.21		3.25
@COUNTY HOSPITAL TOTAL	208	811	\$	207,599.74	ċ	255.98	.030	Ċ		ċ	7.64
CO HOSPITAL INPATIENT TOTAL	12	169	۲	185,460.69	۲	1097.40	.006		5455.06	۲	6.83
HSC HOSPITALS	12	120		156,785.01		1306.54	.004		3065.42		5.77
NON-HSC HOSPITALS TOTAL	2	49		28,675.68		585.22	.002		4337.84		1.06
ACCOMMODATIONS	2	49		11,333.70		231.30	.002		5666.85		.42
ADMINISTRATIVE DAYS	2	49		11,333.70		231.30	.002		5666.85		.42
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	0		17,341.98		.00	.000		8670.99		.64
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	197	642		22,139.05		34.48	.024		112.38		.81
MEDICAL	46	55		2,822.69		51.32	.002		61.36		.10
SURGERY	7	8		516.03		64.50	.000		73.72		.02
PATHOLOGY	56	226		2,175.50		9.63	.008		38.85		.08

RADIOLOGY	16	19	1,686.37	88.76	.001	105.40	.06
ROOM USE	128	160	6,101.27	38.13	.006	47.67	.22
CROSSOVERS/ALL OTH OUTPINT	61	174	8,837.19	50.79	.006	144.87	.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	DEC 2002	PAGE 10,355
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

SAN BENITO COUNTY	SUMMARY OF SERVIC	ES FOR CASH GRAN	l'T'					14017		C D	
07 166 71 707777	110770				3.1.ED.				THLY AVERA	GE	
27,166 ELIGIBLES		NITS OF SERVICE		EXPENDITURES					COST PER		COST PER
0.000		OR DAYS OF CARE		1 001 500 16			PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,973	12,631 \$,	1,281,529.16		101.46	.465			Ş	47.17
COMM HOSP INPATIENT TOTAL	236	945		982,297.79		039.47	.035		4162.28		36.16
HSC HOSPITALS	39	209		292,577.00		399.89	.008		7501.97		10.77
NON-HSC HOSPITALS TOTAL	115	374		616,932.76		649.55	.014		5364.63		22.71
ACCOMMODATIONS	113	374		211,234.35		564.80	.014		1869.33		7.78
ADMINISTRATIVE DAYS	0	0		17.17		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		75.51		.00	.000)	.00		.00
ALL OTHER ACCOM	113	374		211,141.67		564.55	.014	ļ	1868.51		7.77
ANCILLARIES	115	0		405,698.41		.00	.000)	3527.81		14.93
INPATIENT CROSSOVERS	84	362		72,788.03	:	201.07	.013	3	866.52		2.68
ALL OTHER INPATIENT	0	0		.00		.00	.000)	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,823	11,686		299,231.37		25.61	.430)	106.00		11.01
MEDICAL	332	417		15,834.06		37.97	.015		47.69		.58
SURGERY	109	117		8,005.51		68.42	.004		73.45		.29
PATHOLOGY	1,167	4,979		55,972.13		11.24	.183		47.96		2.06
RADIOLOGY	693	978		70,110.00		71.69	.036		101.17		2.58
ROOM USE	1,141	1,561		69,929.22		44.80	.057		61.29		2.57
CROSSOVERS/ALL OTH OUTPINT		3,634		79,380.45		21.84	.134		58.24		2.92
@STATE HOSPITAL	0	0 \$!	.00	\$.00	.000			Ċ	.00
MENTALLY ILL	0	0 0		.00	۲	.00	.000		.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	52	1,045 \$		203,786.44	٠ .	195.01	.038		3918.97	Ċ	7.50
-	2	1,045 \$,	8,546.62	٦.	84.62	.004		4273.31	Ą	.31
LEV A-INTERMEDIATE	0	101		•					.00		
LEV B-REHAB MD	ŭ	-		.00		.00	.000				.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	50	944		195,239.82		206.82	.035		3904.80		7.19
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000			Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	64	953 \$		66,289.83	\$	69.56	.035		1035.78	\$	2.44
HOSPITAL BASED	1	20		6,043.12		302.16	.001		6043.12		.22
HEMODIALYSIS CENTER	63	933		60,246.71		64.57	.034	ŀ	956.30		2.22
@REHABILITATION FACILITY	9	15 \$;	1,575.09	\$	105.01	.001	. \$	175.01	\$.06
HOSPITAL BASED	9	15		1,575.09		105.01	.001		175.01		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000)	.00		.00
@LABORATORY FACILITY	485	1,310 \$;	22,906.63	\$	17.49	.048	\$	47.23	\$.84
PATHOLOGY	480	1,296		22,762.21		17.56	.048	3	47.42		.84
XO AND OTHERS	5	14		144.42		10.32	.001		28.88		.01
@ORGANIZED OUTPATIENT CLINIC	3,330	5,060 \$;	406,587.01	\$	80.35	.186			\$	14.97
CLINIC	111	427		11,454.29		26.83	.016		103.19		.42
SURGICENTER	3	9		1,019.55		113.28	.000		339.85		.04
HEROIN DETOX CLINIC	2	32		371.62		11.61	.001		185.81		.01
RURAL HEALTH CLINIC	3,234	4,592		393,741.55		85.75	.169		121.75		14.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		MO	•	EPORT I					Ε	PAGE 10,356

SAN DENTIO COUNTI	SUMMANT OF SEN	VICES FOR CASH GRANT					
					MON		
27,166 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,286	154,248 \$	298,944.88	\$ 1.94	5.678 \$	232.46	\$ 11.00
DURABLE MED. EQUIP.	114	513	80 , 922.55	157.74	.019	709.85	2.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	23	3,283.10	142.74	.001	298.46	.12
MEDICAL TRANSPORTATION	187	3 , 778	45 , 975.95	12.17	.139	245.86	1.69
AMBULANCES/AIR TRANS	121	2,029	24,247.06	11.95	.075	200.39	.89
OTHER TRANS	13	1,085	4,889.74	4.51	.040	376.13	.18
OTHER SERVICES	62	664	16,839.15	25.36	.024	271.60	.62
ACUPUNCTURE	6	18	324.39	18.02	.001	54.07	.01
ADULT DAY HEALTH CARE CTR	16	179	11,968.07	66.86	.007	748.00	.44
GENETIC DISEASE TESTING	28	28	1,894.00	67.64	.001	67.64	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	21	2,272	68,512.04	30.15	.084	3262.48	2.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	317	724	7,770.55	10.73	.027	24.51	.29
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	2	2	1.30	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	6	21	1,957.08	93.19	.001	326.18	.07
PROSTHETICS	6	20	1,868.39	93.42	.001	311.40	.07
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	4	24	1,505.02	62.71	.001	376.26	.06
SPEECH AND AUDIOLOGY	29	67	8,738.56	130.43	.002	301.33	.32
HOSPICE SERVICES	6	185	21,557.49	116.53	.007	3592.92	.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	213	979	7,646.11	7.81	.036	35.90	.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	405	145,434	36,799.98	.25	5.354	90.86	1.35
@CALIF. CHILDREN SERVICES*	180	3,120	\$ 383,020.41	\$ 122.76	.115	\$ 2127.89	\$ 14.10
@XOVER EXCLUDING STATE HOSP**	1,727	15,335	\$ 263,751.90	\$ 17.20	.564	\$ 152.72	\$ 9.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,357 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	E/DENTAL					01/1//03
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
					MON	ITHLY AVERA	GE
1,123 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	589	2,165 \$	188,361.31	\$ 87.00	1.928 \$	319.80	\$ 167.73
@PHYSICIANS SERVICES	197	414 \$	27,071.09	\$ 65.39	.369		\$ 24.11
OUTPATIENT VISITS	155	223	8,868.31	39.77	.199	57.21	7.90
OFFICE VISITS	106	151	5,524.18	36.58	.134	52.11	4.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	54	65	3,223.00	49.58	.058	59.69	2.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	7	121.13	17.30	.006	24.23	.11
INPATIENT VISITS	9	67	11,541.14	172.26	.060	1282.35	10.28
HOSPITAL VISITS	7	13	747.59	57.51	.012	106.80	.67
CRITICAL CARE	3	54	10,793.55	199.88	.048	3597.85	9.61
	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
EXAMINATIONS	0	0			.000		
SERVICES AND MATERIALS	3		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	12	535.94	44.66	.011	178.65	.48
PRINCIPAL SURGEON	1	1	173.49	173.49	.001	173.49	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	362.45	32.95	.010	181.23	.32
OUTPATIENT SURGERY	10	18	1,642.01	91.22	.016	164.20	1.46
PRINCIPAL SURGEON	9	15	1,536.65	102.44	.013	170.74	1.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.003	105.36	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	19.62	3.92	.004	3.92	.02
RADIOLOGY	39	47	833.99	17.74	.042	21.38	.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	17	42	3,630.08	86.43	.037	213.53	3.23
@PHARMACY	320	778 \$	11,627.24	\$ 14.95	.693 \$	36.34	\$ 10.35
PRESCRIPTION DRUGS	318	758	11,387.57	15.02	.675	35.81	10.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	318	758	11,387.57	15.02	.675	35.81	10.14
MEDICAL SUPPLIES	15	20	239.67	11.98	.018	15.98	.21
@DENTIST	2	2 \$	45.00	\$ 22.50	.002 \$		\$.04
VISITS - DIAGNOSTIC	2	2	45.00	22.50	.002	22.50	.04
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
11/00111111100	O	V	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 10,358
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
					MON'	THLY AVERA	GE
1,123 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	123	394 \$	105,784.30	\$ 268.49	.351 \$	860.03	\$ 94.20
HOSP INPATIENT TOTAL	9	98	97,568.00	995.59		10840.89	86.88
HSC HOSPITALS	7	93	90,978.00	978.26		12996.86	81.01
NON-HSC HOSPITAL TOTAL	2	5	6,590.00	1318.00	.004	3295.00	5.87
ACCOMMODATIONS	2	5	2,674.95	534.99	.004	1337.48	2.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	2,674.95	534.99	.004	1337.48	2.38
ANCILLARIES	2	0	3,915.05	.00	.000	1957.53	3.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	116	296	8,216.30	27.76	.264	70.83	7.32
MEDICAL	36	41	1,050.39	25.62	.037	29.18	.94
SURGERY	2	2	92.20	46.10	.002	46.10	.08
PATHOLOGY	41	97	1,076.64	11.10	.086	26.26	.96
RADIOLOGY	30	39	1,885.27	48.34	.035	62.84	1.68
ROOM USE	58	73	3,200.84	43.85	.065	55.19	2.85
CROSSOVERS/ALL OTH OUTPTNT	32	44	910.96	20.70	.039	28.47	.81
@COUNTY HOSPITAL TOTAL	8	21 \$	12,638.63	\$ 601.84	.019 \$	1579.83	
CO HOSPITAL INPATIENT TOTAL	2	9	12,168.00	1352.00	.008	6084.00	10.84
HSC HOSPITALS	2	9	12,168.00	1352.00	.008	6084.00	10.84
NON-HSC HOSPITALS TOTAL	n n	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
VINCTHINITES	U	U	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6		12		470.63	3	9.22	.011	78.44		.42
MEDICAL	3		4		239.27		9.82	.004	79.76		.21
SURGERY	0		0		.00		.00	.000	.00		.00
	1		2		29.14		4.57	.002	29.14		.03
PATHOLOGY	1		0								
RADIOLOGY	Ü		Ü		.00		.00	.000	.00		.00
ROOM USE	2		2		116.68		3.34	.002	58.34		.10
CROSSOVERS/ALL OTH OUTPTNT			4		85.54		1.39	.004	21.39		.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU	URES MONI	CH-OF-PAYMENT R	EPORT FO	R JAN	2002 THRU	DEC 2002	P	AGE 10,359
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR	185% I	PROGRAM -	- INFANTS	AID CO	DES 47	69			
								M	ONTHLY AVER	AGE	
1,123 ELIGIBLES	USERS	UNITS OF	SERVIO	CE	EXPENDITURES	AVERAGI	E COST		S COST PER		COST PER
1,120 221012220	00210	OR DAYS			2111 2113 1 1 0 1 1 2 0			PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	OK DAID	373	\$	93,145.67		9.72		\$ 802.98		82.94
-			0.0	'							
COMM HOSP INPATIENT TOTAL	/		89		85,400.00		9.55	.079	12200.00		76.05
HSC HOSPITALS	5		84		78,810.00	93 131	3.21	.075	15762.00		70.18
NON-HSC HOSPITALS TOTAL	2		5		6,590.00	131	3.00	.004	3295.00		5.87
ACCOMMODATIONS	2		5		2 , 674.95	53	4.99	.004	1337.48		2.38
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2.		5		2,674.95	53	4.99	.004	1337.48		2.38
ANCILLARIES	2		0		3,915.05		.00	.000	1957.53		3.49
INPATIENT CROSSOVERS	0		n		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
	110		284			2.	7.27	.253	70.42		
COMM HOSP OUTPATIENT TOTAL			284 37		7,745.67						6.90
MEDICAL	33				811.12		1.92	.033	24.58		.72
SURGERY	2		2		92.20		6.10	.002	46.10		.08
PATHOLOGY	40		95		1,047.50		1.03	.085	26.19		.93
RADIOLOGY	30		39		1,885.27	4	3.34	.035	62.84		1.68
ROOM USE	56		71		3,084.16	4.	3.44	.063	55.07		2.75
CROSSOVERS/ALL OTH OUTPINT	28		40		825.42	2	0.64	.036	29.48		.74
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	Ś	.00	.000			.00
-	0		0	Ą	.00	۲	.00	.000	.00		.00
LEV A-INTERMEDIATE	0		0								
LEV B-REHAB MD	U		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING					.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	Ö		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000		\$.00
				ş		ş					
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0	_	.00	_	.00	.000	.00		.00
@REHABILITATION FACILITY	1		1	\$	68.85		8.85	.001		\$.06
HOSPITAL BASED	1		1		68.85	6	3.85	.001	68.85		.06
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	9		15	\$	199.56	\$ 13	3.30	.013	\$ 22.17	\$.18
PATHOLOGY	9		15	•	199.56		3.30	.013	22.17		.18
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
	· ·		0		.00		• • •	• 0 0 0	.00		• 5 5

@ORGANIZED OUTPATIENT CLINIC	289	424 \$	40,014.71	\$ 94.37	.378 \$		·
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	289	424	40,014.71	94.37	.378	138.46	35.63
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 10,360
MOP024	FEE-FOR-SERVICE		HOWIN OF THIRDNEY	CDIOICI IOIC OIIIV A	2002 IIIKO DE	C 2002	01/17/03
			224 TAIDAAIDO	7-D GODEG 47	C 0		01/11/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGE	RAM - INFANTS	AID CODES 47			CT
4 400					MON		
1,123 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	137 \$	3,550.56	\$ 25.92	.122 \$	443.82	\$ 3.16
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	134	3,427.56	25.58	.119	685.51	3.05
AMBULANCES/AIR TRANS	<u>ر</u>	133	1,627.56	12.24	.118	406.89	1.45
	0	133	•	.00	.000	.00	.00
OTHER TRANS		0	.00				
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	123.00	41.00	.003	41.00	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0					
- ,	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00		.00	
	•				.000		.00
@CALIF. CHILDREN SERVICES*	24	192 \$	80,005.34	\$ 416.69	.171 \$		
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEN	M ONLY;				
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAIL LIN	NES ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE	Ξ.				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 10,361
MOP024	FEE-FOR-SERVICE						01/17/03
SAN BENITO COUNTY		ICES FOR 185% PROGE	RAM - PREGNANT A	ID CODES 44 48	49		01/1//00
DIN BENTTO COUNTY	BOILING OF BERV	1010 1010 1000 11000	TILD GIVIIIVI	IID CODEC II IO		THIV AVERA	GE
2 166 FITCIDIES	HCEDC	INTER OF CEDUTCE	EADENDIMIDEC	ATTEDACE COCH			
2,166 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000.00	1 000	OR DAYS OF CARE	000 254 02	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,208	6,949 \$	920,354.23	\$ 132.44	3.208 \$		
@PHYSICIANS SERVICES	591	1,458 \$	159,376.48	\$ 109.31	.673 \$		
OUTPATIENT VISITS	260	390	28,561.18	73.23	.180	109.85	13.19
OFFICE VISITS	62	67	2,896.69	43.23	.031	46.72	1.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	47	56	3,595.12	64.20	.026	76.49	1.66
	- ,	0 0	0,000.12	01.20			

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	177	267	22,069.37	82.66	.123	124.69	10.19
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	81	153	7,178.42	46.92	.071	88.62	3.31
HOSPITAL VISITS	80	151	6,746.75	44.68	.070	84.33	3.11
CRITICAL CARE	2	2	431.67	215.84	.001	215.84	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	148	371	101,233.69	272.87	.171	684.01	46.74
PRINCIPAL SURGEON	111	119	89,166.29	749.30	.055	803.30	41.17
ASSISTANT SURGEON	29	29	5,130.34	176.91	.013	176.91	2.37
ANESTHESIOLOGIST	36	223	6,937.06	31.11	.103	192.70	3.20
OUTPATIENT SURGERY	38	80	5,864.91	73.31	.037	154.34	2.71
PRINCIPAL SURGEON	28	34	4,446.48	130.78	.016	158.80	2.05
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.09
ANESTHESIOLOGIST	15	45	1,231.93	27.38	.021	82.13	.57
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	39	102	737.83	7.23	.047	18.92	.34
RADIOLOGY	228	277	12,907.68	46.60	.128	56.61	5.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	18	251.80	13.99	.008	31.48	.12
OTHER SERVICES/ALL X-OVERS	42	67	2,640.97	39.42	.031	62.88	1.22
@PHARMACY	417	843	\$ 20,724.38	\$ 24.58	.389	\$ 49.70	\$ 9.57
PRESCRIPTION DRUGS	397	771	16,115.66	20.90	.356	40.59	7.44
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	397	771	16,115.66	20.90	.356	40.59	7.44
MEDICAL SUPPLIES	38	72	4,608.72	64.01	.033	121.28	2.13
@DENTIST	1	1	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	1	1	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0									
PERIODONTICS	•			.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	ŭ	ŭ						D = 0		_	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	CES AND EXPENDITO C/DENTAL	JRES MON'	TH-OF-PAYMENT RE	EPOR'	r for Jan .	2002 THRU	DEC	2002	Ρ	AGE 10,362 01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM ·	- PREGNANT A	ID C	ODES 44 48					
									THLY AVERA		
2,166 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	7	.00	τ	.00	.000	т	.00	Τ.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	\$		\$			Ċ		ċ	
@PODIATRIST	0		Ş	.00	Þ	.00	.000	Þ	.00	\$.00
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	40	67	\$	3,673.72	\$	54.83	.031	\$	91.84	\$	1.70
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	474	1,929	Ċ	513,999.71	¢	266.46		\$	1084.39	Ś	237.30
	117	· ·	Ÿ		Y	1165.12		Y		Y	224.85
HOSP INPATIENT TOTAL		418		487,018.63			.193		4162.55		
HSC HOSPITALS	2	11		13,360.00		1214.55	.005		6680.00		6.17
NON-HSC HOSPITAL TOTAL	115	407		473,658.63		1163.78	.188		4118.77		218.68
ACCOMMODATIONS	110	407		188,354.79		462.79	.188		1712.32		86.96
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	110	407		188,354.79		462.79	.188		1712.32		86.96
ANCILLARIES	115	0		285,303.84		.00	.000		2480.90		131.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	407	1,511		26,981.08		17.86	.698		66.29		12.46
	13	18				29.20			40.42		
MEDICAL	21	24		525.51 1,025.49			.008				.24
SURGERY						42.73	.011		48.83		. 47
PATHOLOGY	328	1,181		12,708.80		10.76	.545		38.75		5.87
RADIOLOGY	85	91		5,099.83		56.04	.042		60.00		2.35
ROOM USE	83	110		5,224.09		47.49	.051		62.94		2.41
CROSSOVERS/ALL OTH OUTPINT	61	87		2,397.36		27.56	.040		39.30		1.11
@COUNTY HOSPITAL TOTAL	3	11	\$	6,886.80	\$	626.07	.005	\$	2295.60	\$	3.18
CO HOSPITAL INPATIENT TOTAL	1	5		6,760.00		1352.00	.002		6760.00		3.12
HSC HOSPITALS	1	5		6,760.00		1352.00	.002		6760.00		3.12

NON-HSC HOSPITALS TOTAL	0	0		.00	Ω	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		126.80		21.13	.003			.06
MEDICAL	2	0		126.80		.00	.003	63.40		.00
	0	0				.00		.00		.00
SURGERY	0	0		.00			.000			
PATHOLOGY	2	4		29.54		7.39	.002	14.77		.01
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	1		32.04		32.04	.000	32.04		.01
CROSSOVERS/ALL OTH OUTPTNT	1	1		65.22		65.22	.000	65.22	_	.03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		rures mon	TH-OF-PAYMENT	REPOR	RT FOR JAN 2	2002 THRU DE	IC 2002	Р	AGE 10,363 01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	ICES FOR 185%	PROGRAM	- PREGNANT	AID C	ODES 44 48	49			
							MON	THLY AVERA	GE	
2,166 ELIGIBLES	USERS	UNITS OF SERVI	ICE	EXPENDITURES	s Av	ERAGE COST	UNITS/DAYS	COST PER		COST PER
,		OR DAYS OF CA				R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	472	1,918	\$	507,112.93		264.40	.886 \$		\$	234.12
COMM HOSP INPATIENT TOTAL	116	413	'	480,258.63		1162.85	.191	4140.16		221.73
HSC HOSPITALS	1	6		6,600.00		1100.00	.003	6600.00		3.05
NON-HSC HOSPITALS TOTAL	115	407		473,658.63		1163.78	.188	4118.77		218.68
ACCOMMODATIONS	110	407		188,354.79		462.79	.188	1712.32		86.96
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	110	407		188,354.79		462.79	.188	1712.32		86.96
ANCILLARIES	115	0		285,303.84		.00	.000	2480.90		131.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	406	1,505		26,854.28		17.84	.695	66.14		12.40
MEDICAL	13	18		525.51		29.20	.008	40.42		.24
SURGERY	21	2.4		1,025.49		42.73	.011	48.83		.47
PATHOLOGY	327	1,177		12,679.20		10.77	.543	38.77		5.85
	85	91		5,099.83		56.04		60.00		2.35
RADIOLOGY	82	109					.042 .050	63.32		2.35
ROOM USE	82 60			5,192.05		47.63		38.87		
CROSSOVERS/ALL OTH OUTPINT	* *	86	A	2,332.14		27.12	.040		<u> </u>	1.08
@STATE HOSPITAL	0	0	\$.00		.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	0	.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	139	243	\$	4,455.93		18.34	.112 \$		Ċ	2.06
-	139	243	Y					32.06	Y	2.06
PATHOLOGY				4,455.93		18.34	.112			
XO AND OTHERS	0	0	_	.00		.00	.000	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	460	1,948	\$	201,418.66		103.40	.899 \$		Ş	92.99
CLINIC	11	34		1,206.51		35.49	.016	109.68		.56
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	449	1,914		200,212.15		104.60	.884	445.91		92.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		URES	MONTH-OF-PAYMENT F		r FOR JAN 2	2002 THRU DE	C 2002	PΔ	GE 10,364
MOP024	FEE-FOR-SERVICE	-	01120				2002 111110 22	0 2002		01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI		DDACD	AM - DDFCNANT 7	ATD CO	DDES 44 48	1 Q			01/1//03
SAN BENITO COUNTI	SOMMAN OF SERVE	CED FOR 1006	TROGIC	API INEGNANI P	AID CO	DES 11 10	MON	תחות אוובטא	CE -	
2,166 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	7\ 7.71	TDACE COCH	UNITS/DAYS			OST PER
Z,100 ELIGIBLES	USERS			EXPENDITORES						
0.1.1. 0.0000 DD00000000	133	OR DAYS OF CA		16 705 25		R UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS		460	\$	16,705.35	\$	36.32	.212 \$		Ş	7.71
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	292		4,596.41		15.74	.135	766.07		2.12
AMBULANCES/AIR TRANS	6	291		2,796.41		9.61	.134	466.07		1.29
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000	1800.00		.83
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	102	103		8,127.00		78.90	.048	79.68		3.75
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
	0	0								
OCCUPATIONAL THERAPIST	0	•		.00		.00	.000	.00		.00
OPTICIAN	•	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	22	52		3,092.08		59.46	.024	140.55		1.43
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	6	13		889.86		68.45	.006	148.31		.41
PROSTHETICS	6	13		889.86		68.45	.006	148.31		.41
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0									
ALL OTHER PROVIDERS	U	0		.00		.00	.000	.00	_	.00
@CALIF. CHILDREN SERVICES*	0	100		1,731.640		173.16	.005CR\$.80CR
@XOVER EXCLUDING STATE HOSP**			\$		\$.00	.000 \$.00	Ş	.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE API	PROPRIATE DETAI	L LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES	ABOVE	•						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	r for jan 2	2002 THRU DE	C 2002	PA	GE 10,365
MOP024	FEE-FOR-SERVICE,	DENTAL								01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR 60-DA	Y POS	T PARTUM PROGRAM		AID CODE	76			
							MON	THLY AVERA	GE -	
							,			

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

PER UNIT/DAY PER ELIG USER

COST PER

ELIGIBLE

23 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	12	27 \$	1,592.87	\$ 59.00	1.174 \$	132.74	\$ 69.26
@PHYSICIANS SERVICES	7	10 \$	450.76	\$ 45.08	.435 \$	64.39	\$ 19.60
OUTPATIENT VISITS	5	5	291.73	58.35	.217	58.35	12.68
OFFICE VISITS	3	3	123.17	41.06	.130	41.06	5.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.043	108.08	4.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.043	60.48	2.63
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
CRITICAL CARE	•		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	Ü	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	4	131.97	32.99	.174	131.97	5.74
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	131.97	32.99	.174	131.97	5.74
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	27.06	27.06	.043	27.06	1.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0						
OTHER SERVICES/ALL X-OVERS	•	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	·
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	•
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
·	0	0	.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00
ALL OTHER SERVICES	•	-	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EFORT FOR JAN	ZUUZ THKU DEC	. 2002	PAGE 10,366
MOP024	FEE-FOR-SERVICE	•		3.75 600-	7.6		01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY POST	r PARTUM PROGRAM	AID CODE			2.5
00 =======					MONT		
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	9	\$ 178.91	\$ 19.88	.391	\$ 178.91	\$ 7.78
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	9	178.91	19.88	.391	178.91	7.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	52.09	10.42	.217	52.09	2.26

RADIOLOGY	1	1	55.74	55.74	.043	55.74	2.42
ROOM USE	1	1	40.30	40.30	.043	40.30	1.75
CROSSOVERS/ALL OTH OUTPTNT	1	2	30.78	15.39	.087	30.78	1.34
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 10,367
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	60-DAY POS'	T PARTUM PROGRAM	AID CODE	76		

----- MONTHLY AVERAGE -----

00				 		TLI AVERA	-	~~~~
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	RAGE COST		COST PER		COST PER
		OR DAYS OF CARE		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	9	\$ 178.91	\$ 19.88	.391	\$ 178.91	\$	7.78
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1	9	178.91	19.88	.391	178.91		7.78
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	1	5	52.09	10.42	.217	52.09		2.26
RADIOLOGY	1	1	55.74	55.74	.043	55.74		2.42
ROOM USE	1	1	40.30	40.30	.043	40.30		1.75
CROSSOVERS/ALL OTH OUTPTNT	1	2	30.78	15.39	.087	30.78		1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	117.40) \$	39.13	.130	\$	58.70	\$	5.10
PATHOLOGY	2	3		117.40)	39.13	.130		58.70		5.10
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	845.80) \$	169.16	.217	\$	211.45	\$	36.77
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		845.80)	169.16	.217		211.45		36.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC	2002	PI	AGE 10,368
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE 76					
							N	TUON	HLY AVERA	.GE -	

UNITS OF SERVICE 23 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @ALL OTHER PROVIDERS 0 0 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$.00 .00 @CALIF. CHILDREN SERVICES* .00 .000 \$ \$.00 .00 \$.00 .000 .00 \$.00 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,369 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76 SAN BENITO COUNTY

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 185%/6	0-DAY	PP AID CODES	44 47 48 49 69	76			
						MON		AGE	
3,312 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,809	9,141	\$	1,110,308.41	\$ 121.46	2.760		\$	335.24
@PHYSICIANS SERVICES	795	1,882	\$	186,898.33	\$ 99.31	.568		\$	56.43
OUTPATIENT VISITS	420	618		37 , 721.22	61.04	.187	89.81		11.39
OFFICE VISITS	171	221		8,544.04	38.66	.067	49.97		2.58
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	102	122		6,926.20	56.77	.037	67.90		2.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	178	268		22,129.85	82.57	.081	124.33		6.68
OTHER OUTPATIENT	5	7		121.13	17.30	.002	24.23		.04
INPATIENT VISITS	90	220		18,719.56	85.09	.066	208.00		5.65
HOSPITAL VISITS	87	164		7,494.34	45.70	.050	86.14		2.26
CRITICAL CARE	5	56		11,225.22	200.45	.017	2245.04		3.39
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	Ö	Ö		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	152	387		101,901.60	263.31	.117	670.41		30.77
PRINCIPAL SURGEON	112	120		89,339.78	744.50	.036	797.68		26.97
ASSISTANT SURGEON	29	29		5,130.34	176.91	.009	176.91		1.55
ANESTHESIOLOGIST	39	238		7,431.48	31.22	.072	190.55		2.24
OUTPATIENT SURGERY	48	98		7,506.92	76.60	.030	156.39		2.27
PRINCIPAL SURGEON	37	49		5,983.13	122.10	.015	161.71		1.81
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50		.06
ANESTHESIOLOGIST	16	48		1,337.29	27.86	.014	83.58		.40
DIALYSIS	0	0		.00		.000	.00		.00
	44	107		757.45	.00 7.08	.032	17.21		.23
PATHOLOGY	268	325							4.16
RADIOLOGY	208			13,768.73	42.37	.098	51.38		
PSYCHIATRY	8	0 18		.00 251.80	.00	.000	.00 31.48		.00
IMMUNIZATION AND INJECTION	-				13.99	.005			
OTHER SERVICES/ALL X-OVERS	59	109	A	6,271.05	57.53	.033	106.29	<u> </u>	1.89
@PHARMACY	737	1,621	\$	32,351.62	\$ 19.96	.489 \$		\$	9.77
PRESCRIPTION DRUGS	715	1,529		27,503.23	17.99	.462	38.47		8.30
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	715	1,529		27,503.23	17.99	.462	38.47		8.30
MEDICAL SUPPLIES	53	92		4,848.39	52.70	.028	91.48		1.46
@DENTIST	3	3	\$	45.00	\$ 15.00	.001 \$		\$.01
VISITS - DIAGNOSTIC	2	2		45.00	22.50	.001	22.50		.01
ORAL SURGERY	1	1		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,370

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

							M			
3,312 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST		COST PER		COST PER
•		OR DAYS OF CARE	3			R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	40	67	\$	3,673.72	\$	54.83	.020	91.84	\$	1.11
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	598	2,332	\$		\$	265.85	.704	\$ 1036.73	\$	187.19
HOSP INPATIENT TOTAL	126	516		584,586.63		1132.92	.156	4639.58		176.51
HSC HOSPITALS	9	104		104,338.00		1003.25	.031	11593.11		31.50
NON-HSC HOSPITAL TOTAL	117	412		480,248.63		1165.65	.124	4104.69		145.00
ACCOMMODATIONS	112	412		191,029.74		463.66	.124	1705.62		57.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	112	412		191,029.74		463.66	.124	1705.62		57.68
ANCILLARIES	117	0		289,218.89		.00	.000	2471.96		87.32
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	524	1,816		35 , 376.29		19.48	.548	67.51		10.68
MEDICAL	49	59		1,575.90		26.71	.018	32.16		.48
SURGERY	23	26		1,117.69		42.99	.008	48.60		.34
PATHOLOGY	370	1,283		13,837.53		10.79	.387	37.40		4.18
RADIOLOGY	116	131		7,040.84		53.75	.040	60.70		2.13
ROOM USE	142	184		8,465.23		46.01	.056	59.61		2.56
CROSSOVERS/ALL OTH OUTPINT	94	133		3,339.10		25.11	.040	35.52		1.01
@COUNTY HOSPITAL TOTAL	11	32	\$			610.17		\$ 1775.04	\$	5.90
CO HOSPITAL INPATIENT TOTAL	3	14		18,928.00		1352.00	.004	6309.33		5.71
HSC HOSPITALS	3	14		18,928.00		1352.00	.004	6309.33		5.71
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	8	18		597.43		33.19	.005	74.68		.18
MEDICAL	3	4		239.27		59.82	.001	79.76		.07
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	6		58.68		9.78	.002	19.56		.02

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	148.72	49.57	.001	49.57	.04
CROSSOVERS/ALL OTH OUTPINT	5	5	150.76	30.15	.002	30.15	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DE	C 2002	PAGE 10,371
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	S FOR 185%/60-DA	Y PP AID CODES 44 47	48 49 69 76			

						MONTHLY AVERAGE					
3,312 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	(COST PER	
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	589	2,300	\$ 600,437.49	\$	261.06	.694	\$	1019.42	\$	181.29	
COMM HOSP INPATIENT TOTAL	123	502	565,658.63		1126.81	.152		4598.85		170.79	
HSC HOSPITALS	6	90	85,410.00		949.00	.027		14235.00		25.79	
NON-HSC HOSPITALS TOTAL	117	412	480,248.63		1165.65	.124		4104.69		145.00	
ACCOMMODATIONS	112	412	191,029.74		463.66	.124		1705.62		57.68	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00	
ALL OTHER ACCOM	112	412	191,029.74		463.66	.124		1705.62		57.68	
ANCILLARIES	117	0	289,218.89		.00	.000		2471.96		87.32	
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00	
COMM HOSP OUTPATIENT TOTAL	517	1,798	34,778.86		19.34	.543		67.27		10.50	
MEDICAL	46	55	1,336.63		24.30	.017		29.06		.40	
SURGERY	23	26	1,117.69		42.99	.008		48.60		.34	
PATHOLOGY	368	1,277	13,778.85		10.79	.386		37.44		4.16	
RADIOLOGY	116	131	7,040.84		53.75	.040		60.70		2.13	
ROOM USE	139	181	8,316.51		45.95	.055		59.83		2.51	
CROSSOVERS/ALL OTH OUTPTNT	89	128	3,188.34		24.91	.039		35.82		.96	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00	

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	68.85	\$	68.85	.000	\$	68.85	\$.02
HOSPITAL BASED	1	1		68.85		68.85	.000		68.85		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	150	261	\$	4,772.89	\$	18.29	.079	\$	31.82	\$	1.44
PATHOLOGY	150	261		4,772.89		18.29	.079		31.82		1.44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	753	2 , 377	\$	242,279.17		101.93	.718	\$	321.75	\$	73.15
CLINIC	11	34		1,206.51		35.49	.010		109.68		.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	742	2,343		241,072.66		102.89	.707		324.90		72.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MO	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PΑ	AGE 10,372
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES F	OR 185%/6	60-DAY	PP AID CODES	44 47	48 49 69					
							M	ONT	HLY AVERA	GE -	

					MON	THLY AVERAG	jE
3,312 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	141	597 \$	20,255.91	\$ 33.93	.180 \$	143.66	\$ 6.12
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	426	8,023.97	18.84	.129	729.45	2.42
AMBULANCES/AIR TRANS	10	424	4,423.97	10.43	.128	442.40	1.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.001	1800.00	1.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	105	106	8,250.00	77.83	.032	78.57	2.49
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	22	52	3,092.08	59.46	.016	140.55	.93
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	13	889.86	68.45	.004	148.31	.27
PROSTHETICS	6	13	889.86	68.45	.004	148.31	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	24	182	\$ 78,273.70	\$ 430.08	.055	\$ 3261.40	\$ 23.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,373 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----221 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 54,840.15 @TOTAL, ALL PROVIDERS 195 1,875 \$ 29.25 8.484 \$ 281.23 \$ 248.15 44 191 3,266.62 .864 \$ 74.24 \$ @PHYSICIANS SERVICES 17.10 14.78 0 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .000 OTHER OUTPATIENT .00 . 00 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 EXAMINATIONS .00 . 00 .000 .00 .000 SERVICES AND MATERIALS .00 .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 PRINCIPAL SURGEON .00 .00 .000 . 00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .00 .000 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 191 3,266.62 17.10 .864 74.24 14.78 223.04 \$ 174.60 @PHARMACY 173 671 38,586.22 \$ 57.51 3.036 \$ PRESCRIPTION DRUGS 173 660 38,031.32 57.62 2.986 219.83 172.09 Ω SNF/ICF 0 .00 .00 .000 .00 .00 173 660 38,031.32 57.62 2.986 219.83 172.09 OUTPATIENTS .050 MEDICAL SUPPLIES 6 11 554.90 50.45 92.48 2.51 68.26 .294 \$ 443.67 \$ @DENTIST 4,436.68 20.08 VISITS - DIAGNOSTIC 8 44 375.00 8.52 .199 46.88 1.70 0 .00 .00 .00 .00 ORAL SURGERY .000 DRUGS .00 .00 .000 . 00 . 00 0 .00 .00 .00 .000 .00 ANESTHESIA .005 200.00 200.00 200.00 .90 PERIODONTICS .009 ENDODONTICS 475.00 237.50 475.00 2.15 RESTORATIVE DENTISTRY 3,375.00 198.53 .077 1125.00 15.27 PROSTHETICS .00 .000 .00 .00

DENTURES, STAYPLATES	1	1	11.68	11.68	.005	11.68	.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,374
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR TITLE II I	DISREGARD - AGED	AID CODE	16		
							~

SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR	TITLE II	DIS	REGARD - AGED		AID CODE	16				01/1//00
								MO	TNC	HLY AVERA	GE	
221 ELIGIBLES	USERS UNIT	TS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
	OR	DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4			\$	254.23	\$	23.11	.050		63.56	\$	1.15
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.009		47.45		.43
EYE APPLIANCES	4		9		159.33		17.70	.041		39.83		.72
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$	7.44	\$	3.72	.009	\$	3.72	\$.03
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		2		7.44		3.72	.009		3.72		.03
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	32		119	\$	4,495.55	\$.538	\$	140.49	\$	20.34
HOSP INPATIENT TOTAL	2		7		1,624.00		232.00	.032		812.00		7.35
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		7		1,624.00		232.00	.032		812.00		7.35
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	32		112		2,871.55		25.64	.507		89.74		12.99
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	32 0		112	<u>^</u>	2,871.55	<u> </u>	25.64	.507	á	89.74	<u>^</u>	12.99
@COUNTY HOSPITAL TOTAL	ŭ		0	\$		\$.00	.000	\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0				.00		.00	.000				.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	9	0							
CO HOSP OUTPATIENT TOTAL	U	U		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							
ROOM USE	0	Ü		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 1	0,375
MOP024	FEE-FOR-SERVICE	/DENTAL							17/03
SAN BENITO COUNTY		ICES FOR TITLE 1	T DTC	DECARD - ACED	AID CODE	1.6		017	1,,00
SAN DENTIO COUNTI	SOMMANT OF SERV	ICES FOR TITLE I	נדע די	KEGAKD AGED	AID CODE			7.0	
							NTHLY AVERA		
221 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGI	BLE
@COMMUNITY HOSPITAL TOTAL	32	119	\$	4,495.55	\$ 37.78	.538	\$ 140.49	\$ 20	.34
COMM HOSP INPATIENT TOTAL	2	7	т	1,624.00	232.00	.032	812.00	•	.35
	0			•					
HSC HOSPITALS	U	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	Ô	Ô		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
	0	0							
ANCILLARIES	U	U		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	2	-/		1,624.00	232.00	.032	812.00		.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	32	112		2,871.55	25.64	.507	89.74	12	.99
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	n		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							
RADIOLOGY	•			.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	32	112		2 , 871.55	25.64	.507	89.74	12	.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1	0	Ś	1,522.50	\$.00	.000		\$ 6	.89
	1	0	Y					ν 0	.00
LEV A-INTERMEDIATE	U	0		.00	.00	.000	.00		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1	0		1,522.50	.00	.000	1522.50	6	.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000			.00
	0	0	Y					Y	
ICF DDH	U	•		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
	0		۲		•			Ÿ	
HOSPITAL BASED	U	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	7 0 0 0	11 0 0	\$	208.08 .00 .00	\$ 18.92 .00 .00	.050 \$.000 .000	.00	\$.94
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL		208.08 ONTH-OF-PAYMENT R			29.73 C 2002		.94 10,376 /17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED	AID CODE				
221 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	GE COST ELIG	
@ALL OTHER PROVIDERS	36	805	\$	2,062.83	\$ 2.56	3.643 \$	57.30	\$	9.33
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	14		92.31	6.59	.063	92.31		.42
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	14		92.31	6.59	.063	92.31		.42
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	7	15		196.31	13.09	.068	28.04		.89
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	2		55.20	27.60	.009	55.20		.25

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	774		1,719.01	2.22	3.502	61.39	7.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	81	365	\$	10,606.48	\$ 29.06	1.652	\$ 130.94	\$ 47.99
A* TOTALS IN THESE LINES ARE CIVEN A	AC A SEDARATE	TNFORMATTON	TTEM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,377 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR TITLE .	II DIS	SREGARD - BLIND	AID CODES 2			
							NTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CAR	E		PER UNIT/DA	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0						
PERIODONTICS	U	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ô	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	MEDI CAI CEDUTC	G					
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MON	TH-OF-PAIMENT RE	PORT FOR JAN 2	.UUZ THRU DEC	2002	PAGE 10,378 01/17/03
		•	DECARD DITMD	ATD CODEC OC	C 70		01/11/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF	REGARD - BLIND	AID CODES 26			· -
00					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	· · ·					
MEDICINE/INJECTIONS	U	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0		.00			
NON-HSC HOSPITAL TOTAL	0	-	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NOW WAS WOODIERS OF TOTAL	0	0	0.0	0.0	0.00	0.0	0.0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND F FEE-FOR-SERVICE/DENTAL	EXPENDITURES 1	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	002 THRU DEC	2002	PAGE 10,379 01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	א דידידיב דד ס'	TSREGARD - BLIND	AID CODES 26	6A		01/11/03
JIII	00111111111 01 01111110110 101		DELINE DELINE	1112 00220 20	MONT	HLY AVERA	GE
00 ELIGIBLES	USERS UNITS (OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 111011110		S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0 9	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0 5	.00	.00	.000 \$.00	.00
	0	0					
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00		.00
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	•	0						
RURAL HEALTH CLINIC	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 10	•
MOP024	FEE-FOR-SERVICE/				_		01/1	17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DIS	SREGARD - BLIND	AID CODES 26			_	
					MONT			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST I	
		OR DAYS OF CARE		PER UNIT/DAY	_	USER		
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00		.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0						
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00		.00
PROSTHETICS	-	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00		.00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION ITEM C	NLY;					
THE AMOUNTS ARE ALREADY IN			•					
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 10	0,381
MOP024	FEE-FOR-SERVICE/			·				17/03
SAN BENITO COUNTY		CES FOR TITLE II DIS	REG - DISABLED AT	ID CODES 36 66	6C		/-	
	- ,				MONT	HIV AVERAC	·F	

OR DAYS OF CARE

83 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	82	551	\$ 46,061.21	\$ 83.60	6.639	\$ 561.72	\$ 554.95
@PHYSICIANS SERVICES	26	110	\$ 880.71	\$ 8.01	1.325	\$ 33.87	\$ 10.61
OUTPATIENT VISITS	10	10	344.10	34.41	.120	34.41	4.15
OFFICE VISITS	10	10	344.10	34.41	.120	34.41	4.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	65.65	32.83	.024	32.83	.79
EXAMINATIONS	2	2	65.65	32.83	.024	32.83	.79
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	41.58	41.58	.012	41.58	.50
RADIOLOGY	4	4	76.89	19.22	.048	19.22	.93
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	93	352.49	3.79	1.120	25.18	4.25
@PHARMACY	66	370	\$	\$	4.458	\$ 633.78	\$ 503.97
PRESCRIPTION DRUGS	65	337	40,655.40	120.64	4.060	625.47	489.82

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	65	337	40,655.40	120.64	4.060	625.47	489.82
MEDICAL SUPPLIES	17	33	1,173.87	35.57	.398	69.05	14.14
@DENTIST	3	9 \$	247.00	\$ 27.44	.108	\$ 82.33	\$ 2.98
VISITS - DIAGNOSTIC	3	7	160.00	22.86	.084	53.33	1.93
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	87.00	43.50	.024	87.00	1.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,382

MOP024 FEE-FOR-SERVICES AND EXPENDITORES MONTH OF PAIMENT REPORT FOR DAN 2002 THRO DEC 2002 PAGE 10,302

SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

SAN BENITO COUNTI	SUMMARI OF SER	VICES FOR IIILE .	LI DIS	SKEG - DISABLED A	ID CC	DES 30 00		 		
								HLY AVERA	GE	
83 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST		COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2	7	\$	153.55	\$	21.94	.084	\$ 76.78	\$	1.85
DIAGNOSTIC AND ANC. PROCED	1	1		47.39		47.39	.012	47.39		.57
EYE APPLIANCES	2	6		106.16		17.69	.072	53.08		1.28
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	12	35	\$	2,566.64	\$	73.33	.422	\$ 213.89	\$	30.92
HOSP INPATIENT TOTAL	1	2		792.00		396.00	.024	792.00		9.54
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	2		792.00		396.00	.024	792.00		9.54
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	11	33		1,774.64		53.78	.398	161.33		21.38
MEDICAL	2	3		282.60		94.20	.036	141.30		3.40
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	7		176.19		25.17	.084	88.10		2.12

RADIOLOGY	2	2	133.25	66.63	.024	66.63	1.61
ROOM USE	1	1	39.32	39.32	.012	39.32	.47
CROSSOVERS/ALL OTH OUTPTNT	9	20	1,143.28	57.16	.241	127.03	13.77
@COUNTY HOSPITAL TOTAL	1	2 \$	154.41	\$ 77.21	.024 \$	154.41	\$ 1.86
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	154.41	77.21	.024	154.41	1.86
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	154.41	77.21	.024	154.41	1.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 10,383
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
CAN DENIES COUNTY	CINDIADII OF CEDITIONS FOR		TODEO DICIDIED 3:	TD GODEG OC CC	60		

SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DIS	SKEG - DISABLED A.	ID CODES 30 00				
						MON		AGE -	
83 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	(COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	33	\$	2,412.23	\$ 73.10	.398	219.29	\$	29.06
COMM HOSP INPATIENT TOTAL	1	2		792.00	396.00	.024	792.00		9.54
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	2		792.00	396.00	.024	792.00		9.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10	31		1,620.23	52.27	.373	162.02		19.52
MEDICAL	2	3		282.60	94.20	.036	141.30		3.40
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	7		176.19	25.17	.084	88.10		2.12
RADIOLOGY	2	2		133.25	66.63	.024	66.63		1.61
ROOM USE	1	1		39.32	39.32	.012	39.32		.47
CROSSOVERS/ALL OTH OUTPTNT	8	18		988.87	54.94	.217	123.61		11.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00

ICF DDH		0	0		.00		.00	.000		.00		.00
ICF DD		0	0		.00		.00	.000		.00		.00
ICF DDN/	DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALY	SIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL	BASED	0	0		.00		.00	.000		.00		.00
HEMODIAL	YSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILIT	ATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL	BASED	0	0		.00		.00	.000		.00		.00
INDEPEND	ENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATOR	Y FACILITY	2	7	\$	90.64	\$	12.95	.084	\$	45.32	\$	1.09
PATHOLOG	Y	2	7		90.64		12.95	.084		45.32		1.09
XO AND O	THERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED	OUTPATIENT CLINIC	3	4	\$	105.95	\$	26.49	.048	\$	35.32	\$	1.28
CLINIC		0	0		.00		.00	.000		.00		.00
SURGICEN	TER	0	0		.00		.00	.000		.00		.00
HEROIN D	ETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HE	ALTH CLINIC	3	4		105.95		26.49	.048		35.32		1.28
#CALIF DEP	T OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MONT	H-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 10,384
MOP024		FEE-FOR-SERVICE/DE	NTAL									01/17/03
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SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

SAN BENITO COUNTI	SOLUTION OF SERVICE	ES FOR TITLE IT DISK	LO DIORDHED AI	ID CODED DO OO	MON	תטדע אוודי	○F
83 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
05 EHIGIBHES		OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	9 \$	187.45	\$ 20.83	.108 \$		-
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	78.24	13.04	.072	26.08	.94
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	109.21	36.40	.036	36.40	1.32
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	23	115 \$	2,389.18	\$ 20.78	1.386 \$	103.88	\$ 28.79
A * TOTATO IN TUROR IINEO ADE	CITIENT AC A CEDADAM	E INFORMATION ITEM ON	TV.				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,385

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR	TITLE 11	L DIS	REGARD - FAMILIES	AID CODE				
							MON			
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		Ö		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		Ō		.00	.00	.000	.00		.00
INPATIENT VISITS	0		Ö		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
	0		0							
OPHTHALMOLOGICAL SERVICES	0				.00	.00	.000	.00		.00
EXAMINATIONS	•		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		Ō	\$.00	\$.00	.000 \$		Ś	.00
PRESCRIPTION DRUGS	0		Ō	т	.00	.00	.000	.00	т	.00
SNF/ICF	0		Ö		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0		0	۲	.00	.00	.000	.00	Y	.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
	0		0							
DRUGS	0				.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	O .		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,386 MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

SAN BENITO COUNTI	SUMMARI OF SERV	ICES FOR		r DIS	SKEGARD - FAMILIES		AID CODE	40				
								MC		HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 \$		\$.00		.00	
@COUNTY HOSPITAL TOTAL	0	* '	.00	, , , , , , , , , , , , , , , , , , , ,	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		
CROSSOVERS/ALL OTH OUTPTNT	O .	•				.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	UUZ THRU DEG	2002	PAGE 10,387
MOP024	FEE-FOR-SERVICE/						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVIO	CES FOR TITLE II DISF	EGARD - FAMILIES				
					MONT		
00 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	· ·	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	O -	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		^ ^	0.0	ά 0.0	000 0	0.0	ά οο

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTH-OF-	-PAYMENT REP	ORT F	OR JAN 200	2 THRU	DEC 2	002	PA	GE 10,388
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	A	ID CODE 46)				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 0 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OTHER TRANS .00 .00 .00 OTHER SERVICES .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

PAGE 10,389

01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

----- MONTHLY AVERAGE -----304 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 277 70 100,901.36 \$ 41.59 7.980 S 364.26 \$ 331.91 @TOTAL, ALL PROVIDERS 2,426 301 Ś 4,147.33 \$ 13.78 .990 \$ 59.25 \$ 13.64 @PHYSICIANS SERVICES 344.10 34.41 344.10 34.41 .00 .00 10 10 .033 34.41 OUTPATIENT VISITS 10 0 0 0 0 OFFICE VISITS 10 1.13 0 HOME VISITS 0.0 .\ .00 .00 .00 65.65 65.65 EMERGENCY ROOM
PREVENTIVE CARE . 00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT . 00 INPATIENT VISITS .00 HOSPITAL VISITS .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES .22 EXAMINATIONS .22 SERVICES AND MATERIALS . 00 0 0 0 0 0 0 0 0 1 1 1 4 4 4 0 0 0 0 0 0 0 58 284 239 1,041 \$ 997 0 997 44 74 51 INPATIENT HOSPITAL SURGERY . 00 PRINCIPAL SURGEON . 00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .00 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 ANESTHESIOLOGIST . 00 .00 DIALYSIS PATHOLOGY .14 RADIOLOGY PSYCHIATRY .00 IMMUNIZATION AND INJECTION .00 OTHER SERVICES/ALL X-OVERS 11.90

 3,619.11
 12.74
 .934
 62.40
 11.90

 80,415.49
 \$ 77.25
 3.424
 \$ 336.47
 \$ 264.52

 78,686.72
 78.92
 3.280
 330.62
 258.84

 @PHARMACY PRESCRIPTION DRUGS .00 .000 .00 SNF/ICF .00 .00 78,686.72 78.92 3.280 330.62 258.84 OUTPATIENTS 1,728.77 39.29 75.16 MEDICAL SUPPLIES .145 5.69 .243 \$ 360.28 \$ 15.41 @ DENTIST 51 VISITS - DIAGNOSTIC 11 1.76 0 0 .00 ORAL SURGERY 0 0 1 2 19 DRUGS . 00 .00 ANESTHESIA 1 .66 PERIODONTICS ENDODONTICS 1.56 3,462.00 RESTORATIVE DENTISTRY 11.39 PROSTHETICS .00

 $^{{\}tt @*}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

DENTURES, STAYPLATES	1	1	11.68	11.68	.003	11.68	.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DE	EC 2002	PAGE 10,390
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD				

SAN BENITO COUNTY	SUMMARI OF SER	VICES FOR II	LILE I	I DI	SKEGARD			MO	тис	HLY AVERA	GE	
304 ELIGIBLES	USERS	UNITS OF SE	ERVICE		EXPENDITURES	AVE	ERAGE COST				0.1	COST PER
*** ======	******	OR DAYS OF					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	6		18	\$	407.78	\$	22.65	.059	\$	67.96	\$	1.34
DIAGNOSTIC AND ANC. PROCED	3		3		142.29	·	47.43	.010	•	47.43		.47
EYE APPLIANCES	6		15		265.49		17.70	.049		44.25		.87
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0		0	т	.00	Τ.	.00	.000	т	.00	Τ.	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$	7.44	\$	3.72	.007	Ś	3.72	Ś	.02
MEDICINE/INJECTIONS	0		0	Υ	.00	Υ	.00	.000	Υ	.00	Ψ	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		2		7.44		3.72	.007		3.72		.02
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	Ċ	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	ŭ		0	Ċ	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	44	1	L54	ې د	7,062.19	\$	45.86	.507		160.50	\$	23.23
HOSP INPATIENT TOTAL	3	1	9	Ą	2,416.00	Ą	268.44	.030	Ş	805.33	Ą	7.95
HSC HOSPITALS	0		0				.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0									
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	3		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3		9		2,416.00		268.44	.030		805.33		7.95
ALL OTHER INPATIENT	•	-	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	43	1	L45		4,646.19		32.04	.477		108.05		15.28
MEDICAL	2		3		282.60		94.20	.010		141.30		.93
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		7		176.19		25.17	.023		88.10		.58
RADIOLOGY	2		2		133.25		66.63	.007		66.63		. 44
ROOM USE	1	_	1		39.32		39.32	.003		39.32		.13
CROSSOVERS/ALL OTH OUTPTNT		1	L32		4,014.83		30.42	.434		97.92		13.21
@COUNTY HOSPITAL TOTAL	1		2	\$	154.41	\$	77.21	.007	\$	154.41	\$.51
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	154.41	77.21	.007	154.41	.51
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	2	154.41	77.21	.007	154.41	.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 10,391
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	CES FOR TITLE II	DISREGARD				
					MOI	NTHLY AVERA	GE
304 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	152 \$	6 , 907.78	\$ 45.45	.500		
COMM HOSP INPATIENT TOTAL	3	9	2,416.00	268.44	.030	805.33	7.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Λ	0	.00	.00	.000	.00	.00
	O	· ·					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
ANCILLARIES INPATIENT CROSSOVERS	0 3	0	.00 2,416.00	.00 268.44	.030	805.33	7.95
ANCILLARIES	0 3 0	0 9 0 143	.00	.00			

282.60

.00

176.19

133.25

39.32

94.20

.00

25.17

66.63

39.32

141.30

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88.10

66.63

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	40	130		3,860.42		29.70	.428		96.51		12.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	1,522.50	\$.00	.000	\$	1522.50	\$	5.01
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		1,522.50		.00	.000		1522.50		5.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	т.	.00	т	.00	.000	7	.00	4	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ψ.	.00	۲	.00	.000	٧	.00	Ψ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	7	\$	90.64	\$	12.95	.000	\$	45.32	Ċ	.30
PATHOLOGY	2	7	۲	90.64	۲	12.95	.023	۲	45.32	ې	.30
XO AND OTHERS	2	0				.00	.000				.00
	10	15	Ċ	.00	Ċ			ċ	.00	ċ	
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	314.03	\$	20.94	.049	Ş	31.40	Ş	1.03
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	U	U		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	15		314.03		20.94	.049		31.40		1.03
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 10,392
MOP024	FEE-FOR-SERVICE										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	DISREGARD							
							M			-	
304 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY	-			COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	42	814	\$	2,250.28	\$	2.76	2.678	\$	53.58	\$	7.40
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	14		92.31		6.59	.046		92.31		.30
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00

304 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	42	814 \$	2,250.28	\$ 2.76	2.678 \$	53.58	\$ 7.40
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	14	92.31	6.59	.046	92.31	.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	14	92.31	6.59	.046	92.31	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	21	274.55	13.07	.069	27.46	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	55.20	27.60	.007	55.20	.18

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	777	1,828.22	2.35	2.556	58.97	6.01
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	104	480 \$	12,995.66	\$ 27.07	1.579	\$ 124.96	\$ 42.75
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEDABATE	THEORMATION ITEM ONLY	•				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,393 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

					MON	THLY AVERA	GE
333 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	300	4,792 \$	226,191.72	\$ 47.20	14.390 \$	753.97	\$ 679.25
@PHYSICIANS SERVICES	55	189 \$	2,794.77	\$ 14.79	.568 \$	50.81	\$ 8.39
OUTPATIENT VISITS	5	7	285.60	40.80	.021	57.12	.86
OFFICE VISITS	5	7	285.60	40.80	.021	57.12	.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	42.13	42.13	.003	42.13	.13
EXAMINATIONS	1	1	42.13	42.13	.003	42.13	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	87.49	87.49	.003	87.49	.26
PRINCIPAL SURGEON	1	1	87.49	87.49	.003	87.49	.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	10	583.04	58.30	.030	291.52	1.75
PATHOLOGY	4	4	14.43	3.61	.012	3.61	.04
RADIOLOGY	2	3	156.18	52.06	.009	78.09	.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	48	163	1,625.90	9.97	.489	33.87	4.88
@PHARMACY	250	1,652 \$	61,071.25	\$ 36.97	4.961 \$		•
PRESCRIPTION DRUGS	247	1,122	59,401.02	52.94	3.369	240.49	178.38
SNF/ICF	5	52	3,811.52	73.30	.156	762.30	11.45
OUTPATIENTS	242	1,070	55,589.50	51.95	3.213	229.71	166.94
MEDICAL SUPPLIES	26	530	1,670.23	3.15	1.592	64.24	5.02
@DENTIST	14	47 \$	2,116.00	\$ 45.02	.141 \$		
VISITS - DIAGNOSTIC	10	33	359.00	10.88	.099	35.90	1.08
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		255.00		127.50	.006		127.50		.77
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	7		272.00		38.86	.021		90.67		.82
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	5		1,230.00		246.00	.015		307.50		3.69
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		•	ES M	MONTH-OF-PAYMENT RE	PORT			DEC		P	AGE 10,394
MOP024	FEE-FOR-SERVICE		CLU I		11 01(1	. 1010 01110 1	2002 111110	рцс	2002		01/17/03
SAN BENITO COUNTY		ICES FOR IN HOME	י פווב	PPORT - ACED		AID CODE	1.8				01/11/03
SAN BENITO COUNTI	SOPPART OF SERV	TOES FOR IN HOME	. 501	TONT AGED		AID CODE	M	ОМШ	מודע אוודם	CF	
333 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/1/2	DACE COCE	UNITS/DAY				COST PER
333 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
CODMONEMDICA	0			0.0	\$.000		.00		_
@OPTOMETRIST		0	\$.00	Ş	.00		Ş		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	39	\$	421.19	\$	10.80	.117	Ş	42.12	Ş	1.26
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	39		421.19		10.80	.117		42.12		1.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	51	196	\$	10,795.96	\$	55.08	.589	\$	211.69	\$	32.42
HOSP INPATIENT TOTAL	11	58		8,599.26		148.26	.174		781.75		25.82
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	58		8,599.26		148.26	.174		781.75		25.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	42	138		2 , 196.70		15.92	.414		52.30		6.60
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	12		215.01		17.92	.036		43.00		.65
RADIOLOGY	1	2		86.61		43.31	.006		86.61		.26
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		124		1,895.08		15.28	.372		51.22		5.69
			ċ	•	ċ	15.28 4.79		ċ		ċ	
@COUNTY HOSPITAL TOTAL	1	3	\$	14.37	\$.009	Ş	14.37	Ş	.04
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	14.37	4.79	.009	14.37	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	14.37				
CROSSOVERS/ALL OTH OUTPINT	1			4.79	.009	14.37	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		JNTH-OF-PAYMENT RE	PORT FOR JAN 2	:002 THRU DE	C 2002	PAGE 10,395
MOP024	FEE-FOR-SERVICE/DE		DODE ACED	ATD CODE	1.0		01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	S FOR IN HOME SUP	PORT - AGED	AID CODE		mii	28
222 51 12751 52					MON		
333 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.0000000000000000000000000000000000000		R DAYS OF CARE	10 701 50	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	193 \$	10,781.59	\$ 55.86	.580 \$		
COMM HOSP INPATIENT TOTAL	11	58	8,599.26	148.26	.174	781.75	25.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	58	8,599.26	148.26	.174	781.75	25.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	41	135	2,182.33	16.17	.405	53.23	6.55
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	12	215.01	17.92	.036	43.00	. 65
RADIOLOGY	1	2	86.61	43.31	.006	86.61	.26
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	121	1,880.71	15.54	.363	52.24	5.65
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	527 \$	130,063.40	\$ 246.80	1.583 \$		\$ 390.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TEV D DECILIAD	2.1	F 0 7	120 062 40	216 00	1 502	C102 E0	200 E0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

21

0

0

0

5

0

527

0

0

0

0

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356

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130,063.40

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1.069

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6193.50

1.069 \$ 2220.88 \$

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.00

.00

2220.88

\$

390.58

.00

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.00

33.35

33.35

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	75	\$	954.82	\$	12.73	.225	\$	190.96	\$	2.87
PATHOLOGY	4	74		909.72		12.29	.222		227.43		2.73
XO AND OTHERS	1	1		45.10		45.10	.003		45.10		.14
@ORGANIZED OUTPATIENT CLINIC	15	23	\$	1,946.22	\$	84.62	.069	\$	129.75	\$	5.84
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	23		1,946.22		84.62	.069		129.75		5.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2002 THRU	DEC	2002	Р	AGE 10,396
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	ICES FOR IN HOM	E SU	JPPORT - AGED		AID CODE	18				
							N	TNON	HLY AVERA	GΕ	
333 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	54	1,688	\$	4,923.72	\$	2.92	5.069	\$	91.18	\$	14.79
DURABLE MED. EQUIP.	1	2		98.83		49.42	.006		98.83		.30
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	16	157		1,676.87		10.68	.471		104.80		5.04
AMBULANCES/AIR TRANS	3	8		311.55		38.94	.024		103.85		.94
OTHER TRANS	1	3		15.19		5.06	.009		15.19		.05
OTHER SERVICES	14	146		1,350.13		9.25	.438		96.44		4.05
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	687.52	343.76	.006	687.52	2.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	1,527	2,460.50	1.61	4.586	61.51	7.39
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	115	966	\$ 45,404.42	\$ 47.00	2.901	\$ 394.82	\$ 136.35

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,397
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR IN HOME SUPP	ORT - BLIND	AID CODE	28		
					MON	THLY AVERAG	E
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	6 \$	98.31	\$ 16.39	1.200 \$	98.31	\$ 19.66
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	6 \$	98.31	\$ 16.39	1.200 \$	98.31	\$ 19.66
PRESCRIPTION DRUGS	1	6	98.31	16.39	1.200	98.31	19.66

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	6	98.31	16.39	1.200	98.31	19.66
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,398
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

AID CODE 28

SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .00 .000 .00 .00 \$ @PODIATRIST .00 .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 \$ \$.00 .000 \$ NURSE MIDWIFE .00 \$.00 .00 Ś .00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 .000 \$ @TOTAL HOSPITAL .00 .00 .00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 10,399
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE	28		

SAN BENITO COUNTI	DOMINANT OF DELIVE	TCES FOR IN HOME	DOLLOKI	שודווט	AID CODE	20		
						MON	THLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONTH-	-OF-PAYMENT F	REPORT	FOR JAN 200	2 THRU	DEC	2002	PA	GE 10,400
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	R IN HOME	SUPPORT	- BLIND		AID CODE 28	}				

----- MONTHLY AVERAGE -----

05 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @ALL OTHER PROVIDERS 0 0 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$.00 .00 @CALIF. CHILDREN SERVICES* .00 .000 \$ \$.00 .00 \$.00 .000 .00 \$.00 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,401 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

						MON	ITHLY AVERA	GE
303 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	331	40,464	\$	350,227.98	\$ 8.66	133.545	1058.09	\$ 1155.87
@PHYSICIANS SERVICES	87	393	\$	10,609.01	\$ 26.99	1.297	121.94	\$ 35.01
OUTPATIENT VISITS	33	74		4,245.22	57.37	.244	128.64	14.01
OFFICE VISITS	9	13		471.30	36.25	.043	52.37	1.56
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	18	42		2 , 577.39	61.37	.139	143.19	8.51
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	19		1,196.53	62.98	.063	132.95	3.95
INPATIENT VISITS	9	18		949.81	52.77	.059	105.53	3.13
HOSPITAL VISITS	8	17		877.71	51.63	.056	109.71	2.90
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		72.10	72.10	.003	72.10	.24
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	42		1,998.96	47.59	.139	333.16	6.60
PRINCIPAL SURGEON	2	3		1,164.93	388.31	.010	582.47	3.84
ASSISTANT SURGEON	1	1		48.77	48.77	.003	48.77	.16
ANESTHESIOLOGIST	3	38		785.26	20.66	.125	261.75	2.59
OUTPATIENT SURGERY	5	7		413.65	59.09	.023	82.73	1.37
PRINCIPAL SURGEON	5	7		413.65	59.09	.023	82.73	1.37
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	14		320.96	22.93	.046	80.24	1.06

RADIOLOGY	17	27		1,376.83		50.99	.089		80.99		4.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	50	211		1,303.58		6.18	.696		26.07		4.30
@PHARMACY	267	4,683	\$	131,773.41	\$	28.14	15.455	\$	493.53	\$	434.90
PRESCRIPTION DRUGS	257	1,340		122,370.09		91.32	4.422		476.15		403.86
SNF/ICF	2	3		91.48		30.49	.010		45.74		.30
OUTPATIENTS	255	1,337		122,278.61		91.46	4.413		479.52		403.56
MEDICAL SUPPLIES	68	3,343		9,403.32		2.81	11.033		138.28		31.03
@DENTIST	21	112	\$		\$.370	\$	320.48	\$	22.21
VISITS - DIAGNOSTIC	11	46		737.00		16.02	.152		67.00		2.43
ORAL SURGERY	8	28		1,734.00		61.93	.092		216.75		5.72
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.007		100.00		.66
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	2		430.00		215.00	.007		430.00		1.42
RESTORATIVE DENTISTRY	6	20		1,614.00		80.70	.066		269.00		5.33
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	14		2,015.00		143.93	.046		503.75		6.65
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES N	MONTH-OF-PAYMENT RI	EPOR:	r for Jan	2002 THRU	DEC	2002	PA	AGE 10,402
MODO 0 4	DDD DOD CDDIITOD/DDII										01/17/00

01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

DIN BENITO COUNTY	DOIMMING OF DELICE	TODD TOIL	11 、 110111	DOLLOIG	DIGITEDED		TITE CODE	0.0				
								M	TNC	HLY AVERA	ιGΕ	
303 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	3	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		18	\$	366.86	\$	20.38	.059	\$	91.72	\$	1.21
DIAGNOSTIC AND ANC. PROCED	3		3		142.35		47.45	.010		47.45		.47
EYE APPLIANCES	4		15		224.51		14.97	.050		56.13		.74
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	7		9	\$	113.29	\$	12.59	.030	\$	16.18	\$.37
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	7		9		113.29		12.59	.030		16.18		.37
@HOME HEALTH AGENCY	5		75	\$	5 , 573.48	\$	74.31		\$	1114.70	\$	18.39
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1		1	\$	13.70	\$	13.70	.003	\$	13.70	\$.05
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	78		767	\$	122,366.82	\$	159.54	2.531	\$	1568.81	\$	403.85
HOSP INPATIENT TOTAL	12		162		110,641.71		682.97	.535		9220.14		365.15
HSC HOSPITALS	5		16		22,783.00		1423.94	.053		4556.60		75.19
NON-HSC HOSPITAL TOTAL	3		83		82,813.12		997.75	.274		27604.37		273.31
ACCOMMODATIONS	3		83		23,070.90		277.96	.274		7690.30		76.14
ADMINISTRATIVE DAYS	1		70		16,191.00		231.30	.231		16191.00		53.44
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		13		6,879.90		529.22	.043		3439.95		22.71
ANCILLARIES	3		0		59,742.22		.00	.000		19914.07		197.17

INPATIENT CROSSOVERS	5	63	5,045.59	80.09	.208	1009.12	16.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	74	605	11,725.11	19.38	1.997	158.45	38.70
MEDICAL	14	21	736.97	35.09	.069	52.64	2.43
SURGERY	2	2	72.83	36.42	.007	36.42	.24
PATHOLOGY	27	268	2,406.86	8 98	.884	89.14	7.94
RADIOLOGY	27 13	22	2,420.25	110.01	.073	186.17	7.99
ROOM USE	27	53	2,069.01	39.04	.175	76.63	6.83
	54	239					
CROSSOVERS/ALL OTH OUTPTNT	8		4,019.19	16.82		74.43	13.26
@COUNTY HOSPITAL TOTAL	8	105 \$	64,636.83	\$ 615.59		8079.60	
CO HOSPITAL INPATIENT TOTAL	1	74 4 70 70 70 70	63,462.76	857.60	.244	63462.76	209.45
HSC HOSPITALS	1 1 1	4	5,408.00	1352.00		5408.00	17.85
NON-HSC HOSPITALS TOTAL	1	70	58 , 054.76	829.35	.231	58054.76	191.60
ACCOMMODATIONS	1	70	16,191.00	231.30	.231	16191.00	53.44
ADMINISTRATIVE DAYS	1	70	16,191.00	231.30	.231	16191.00	53.44
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0 1	0	41,863.76 .00	.00	.000	41863.76	138.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	31	1,174.07	37.87			
MEDICAL	1	6	304.93	50.82	.020	167.72 76.23	1.01
SURGERY	1	1	27.86	27.86	.003	27.86	.09
	0	0					
PATHOLOGY	U		.00	.00	.000	.00	.00
RADIOLOGY	0	0	319.58	.00	.000	.00	1.05
ROOM USE	5	10	468.24	46.82	.033	93.65	1.55
CROSSOVERS/ALL OTH OUTPTNT		14	53.46	3.82	.046	13.37	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 10,403
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MOP024	FEE-FOR-SERVICE/						01/17/03
MOP024 SAN BENITO COUNTY				AID CODE			•
SAN BENITO COUNTY	SUMMARY OF SERVI	DENTAL		AID CODE	68 MON		01/17/03 AGE
SAN BENITO COUNTY	SUMMARY OF SERVI	DENTAL			68 MON		01/17/03 AGE
SAN BENITO COUNTY	SUMMARY OF SERVI	DENTAL CES FOR IN HOME SUPPO	ORT - DISABLED	AID CODE	68 MON UNITS/DAYS		01/17/03 AGE COST PER
SAN BENITO COUNTY	SUMMARY OF SERVI	DENTAL CES FOR IN HOME SUPPO	DRT - DISABLED EXPENDITURES	AID CODE AVERAGE COST PER UNIT/DAY	68 MON UNITS/DAYS PER ELIG	COST PER USER	01/17/03 GE COST PER ELIGIBLE
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12	68 MON UNITS/DAYS PER ELIG 2.185 \$	COST PER USER 790.82	01/17/03 GE COST PER ELIGIBLE \$ 190.53
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12	68 MON UNITS/DAYS PER ELIG 2.185 \$	COST PER USER 790.82 4289.00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040	COST PER USER 790.82 4289.00 4343.75	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043	COST PER USER 790.82 4289.00 4343.75 12379.18	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043 .000 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043 .000 .000 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043 .000 .000 .043 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043 .000 .000 .043 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVI USERS 73	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$	DRT - DISABLED EXPENDITURES 57,729.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .043 .000 .000 .043 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70	DENTAL CCES FOR IN HOME SUPPORT UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 63 0 574	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .003 .000 .0043 .000 .208 .000 1.894	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11	DENTAL CCES FOR IN HOME SUPPORT UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 63 0 574 15	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .003 .000 .0043 .000 .208 .000 1.894	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 63 0 574 15 1	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .0043 .000 .000 .0043 .000 .1894 .050 .003	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27	DENTAL CCES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 3 0 0 63 0 574 15 1 268	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .003 .000 .0043 .000 .208 .000 1.894 .050	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1	DENTAL CES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 63 0 574 15 1	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .0043 .000 .000 .0043 .000 .1894 .050 .003	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15
303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27	DENTAL CCES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 3 0 0 63 0 574 15 1 268	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .003 .000 .000 .0043 .000 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27 13	DENTAL CCES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 3 0 0 63 0 574 15 1 268 22	DRT - DISABLED EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86 2,100.67	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98 95.49	68 MON UNITS/DAYS PER ELIG 2.185 .290 .040 .043 .000 .000 .000 .0043 .000 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14 161.59	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94 6.93
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27 13 24	DENTAL CCES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 0 574 15 1 268 22 43 225	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86 2,100.67 1,600.77	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98 95.49 37.23	68 MON UNITS/DAYS PER ELIG 2.185 .290 .040 .043 .000 .000 .0043 .000 .000 .1894 .050 .003 .884 .073 .142	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14 161.59 66.70 76.26	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94 6.93 5.28 13.09
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27 13 24 52	DENTAL CCES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 0 574 15 1 268 22 43 225 0 \$	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86 2,100.67 1,600.77 3,965.73	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98 95.49 37.23 17.63 \$.00	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .000 .000 .000 .000 .0043 .000 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14 161.59 66.70 76.26 .00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94 6.93 5.28 13.09 \$.00
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27 13 24 52 0 0	DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 0 574 15 1 268 22 43 225 0 \$ 0	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86 2,100.67 1,600.77 3,965.73 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98 95.49 37.23 17.63 \$.00 .00	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .000 .000 .000 .000 .000 .00	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14 161.59 66.70 76.26 .00 .00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94 6.93 5.28 13.09 \$.00 .00
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 1 27 13 24 52 0 0 0 0 0 0	DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 574 15 1 268 22 43 225 0 \$ 0 0	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86 2,100.67 1,600.77 3,965.73 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98 95.49 37.23 17.63 \$.00 .00	68 MON UNITS/DAYS PER ELIG 2.185 2.290 .040 .043 .000 .000 .043 .000 .043 .000 .043 .000 .043 .000 .1894 .050 .003 .884 .073 .142 .743 .000 .000 .000 .000	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14 161.59 66.70 76.26 .00 .00 .00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94 6.93 5.28 13.09 \$.00 .00 .00
SAN BENITO COUNTY 303 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI USERS 73 11 4 2 2 0 0 0 2 2 2 5 0 70 11 1 27 13 24 52 0 0	DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 662 \$ 88 12 13 13 0 0 13 0 0 574 15 1 268 22 43 225 0 \$ 0	EXPENDITURES 57,729.99 47,178.95 17,375.00 24,758.36 6,879.90 .00 .00 6,879.90 17,878.46 5,045.59 .00 10,551.04 432.04 44.97 2,406.86 2,100.67 1,600.77 3,965.73 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 87.21 536.12 1447.92 1904.49 529.22 .00 .00 529.22 .00 80.09 .00 18.38 28.80 44.97 8.98 95.49 37.23 17.63 \$.00 .00	68 MON UNITS/DAYS PER ELIG 2.185 \$.290 .040 .043 .000 .000 .000 .000 .000 .00	COST PER USER 790.82 4289.00 4343.75 12379.18 3439.95 .00 .00 3439.95 8939.23 1009.12 .00 150.73 39.28 44.97 89.14 161.59 66.70 76.26 .00 .00 .00	01/17/03 AGE COST PER ELIGIBLE \$ 190.53 155.71 57.34 81.71 22.71 .00 .00 22.71 59.00 16.65 .00 34.82 1.43 .15 7.94 6.93 5.28 13.09 \$.00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	174		35,117.46		201.82	.574		5852.91		115.90
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	3	\$	1,265.55	\$	421.85	.010	\$	253.11	\$	4.18
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	3		1,265.55		421.85	.010		253.11		4.18
@REHABILITATION FACILITY	1	2	\$	37.13	\$	18.57	.007	\$	37.13	\$.12
HOSPITAL BASED	1	2		37.13		18.57	.007		37.13		.12
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	62.68	\$	10.45	.020	\$	20.89	\$.21
PATHOLOGY	3	6		62.68		10.45	.020		20.89		.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	39	62	\$	6,799.18	\$	109.66	.205	\$	174.34	\$	22.44
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	62		6,799.18		109.66	.205		174.34		22.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 10,404
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- DISABLED		AID CODE	68				

DOING OF DER	VICED FOR IN HOLL DOLLO	INI DIDINDUD	TITD CODE	00		
				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
101	34,159 \$	29,399.41	\$.86	112.736 \$	291.08	\$ 97.03
19	97	12,384.83	127.68	.320	651.83	40.87
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
17	324	5,079.85	15.68	1.069	298.81	16.77
8	210	2,517.21	11.99	.693	314.65	8.31
1	34	69.19	2.04	.112	69.19	.23
8	80	2,493.45	31.17	.264	311.68	8.23
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
5	13	116.50	8.96	.043	23.30	.38
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	20	2,455.30	122.77	.066	2455.30	8.10
1	20	2,455.30	122.77	.066	2455.30	8.10
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	101	OR DAYS OF CARE 101	OR DAYS OF CARE 101	OR DAYS OF CARE 101	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 101 34,159 \$ 29,399.41 \$.86 112.736 \$ 291.08 19 97 12,384.83 127.68 .320 651.83 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .00 17 324 5,079.85 15.68 1.069 298.81 8 210 2,517.21 11.99 .693 314.65 1 34 69.19 2.04 .112 69.19 8 80 2,493.45 31.17 .264 311.68 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00

ALL OTHER PROVIDERS	71	33,705	9,362.93	.28	111.238	131.87	30.90
@CALIF. CHILDREN SERVICES*	30	216	\$ 25,919.39	\$ 120.00	.713	\$ 863.98 \$	85.54
@XOVER EXCLUDING STATE HOSP**	105	2,692	\$ 22,128.97	\$ 8.22	8.884	\$ 210.75 \$	73.03

PAGE 10,405

01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

2111 221110 0001111	201111111 01 021111020 1011 111 110112 00110111			MONTHLY AVERAGE				
641 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	2		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	632	45,262	\$	576,518.01	\$ 12.74	70.612 \$	912.21	\$ 899.40
@PHYSICIANS SERVICES	142	582	\$	13,403.78	\$ 23.03	.908 \$	94.39	
OUTPATIENT VISITS	38	81		4,530.82	55.94	.126	119.23	7.07
OFFICE VISITS	14	20		756.90	37.85	.031	54.06	1.18
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	18	42		2,577.39	61.37	.066	143.19	4.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	19		1,196.53	62.98	.030	132.95	1.87
INPATIENT VISITS	9	18		949.81	52.77	.028	105.53	1.48
HOSPITAL VISITS	8	17		877.71	51.63	.027	109.71	1.37
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		72.10	72.10	.002	72.10	.11
OPHTHALMOLOGICAL SERVICES	1	1		42.13	42.13	.002	42.13	.07
EXAMINATIONS	1	1		42.13	42.13	.002	42.13	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	42		1,998.96	47.59	.066	333.16	3.12
PRINCIPAL SURGEON	2	3		1,164.93	388.31	.005	582.47	1.82
ASSISTANT SURGEON	1	1		48.77	48.77	.002	48.77	.08
ANESTHESIOLOGIST	3	38		785.26	20.66	.059	261.75	1.23
OUTPATIENT SURGERY	6	8		501.14	62.64	.012	83.52	.78
PRINCIPAL SURGEON	6	8		501.14	62.64	.012	83.52	.78
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	2	10		583.04	58.30	.016	291.52	.91
PATHOLOGY	8	18		335.39	18.63	.028	41.92	.52
RADIOLOGY	19	30		1,533.01	51.10	.047	80.68	2.39
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	98	374		2,929.48	7.83	.583	29.89	4.57
@PHARMACY	518	6,341	\$	192,942.97	\$ 30.43	9.892 \$		
PRESCRIPTION DRUGS	505	2,468		181,869.42	73.69	3.850	360.14	283.73
SNF/ICF	7	. 55		3,903.00	70.96	.086	557.57	6.09
OUTPATIENTS	498	2,413		177,966.42	73.75	3.764	357.36	277.64
MEDICAL SUPPLIES	94	3,873		11,073.55	2.86	6.042	117.80	17.28
@DENTIST	35	159	\$		\$ 55.64	.248 \$		\$ 13.80
VISITS - DIAGNOSTIC	21	79		1,096.00	13.87	.123	52.19	1.71
ORAL SURGERY	8	28		1,734.00	61.93	.044	216.75	2.71
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.003	100.00	.31
PERIODONTICS	2	2		255.00	127.50	.003	127.50	.40
ENDODONTICS	1	2		430.00	215.00	.003	430.00	.67
RESTORATIVE DENTISTRY	9	27		1,886.00	69.85	.042	209.56	2.94
PROSTHETICS	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

DENTURES, STAYPLATES	8	19	3,245.00	170.79	.030	405.63	5.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	C 2002	PAGE 10,406
MOP024	FEE-FOR-SERVICE/DEN'	ΓAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUP	PPORT				
					MON'	THLY AVERAG	E
641 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER

							M	ГИО	THLY AVERA	GE.	
641 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	}		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	18	\$	366.86	\$	20.38	.028	\$	91.72	\$.57
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.005		47.45		.22
EYE APPLIANCES	4	15		224.51		14.97	.023		56.13		.35
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	17	48	\$	534.48	\$	11.14	.075	\$	31.44	\$.83
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	17	48		534.48		11.14	.075		31.44		.83
@HOME HEALTH AGENCY	5	75	\$	5,573.48	\$	74.31	.117	\$	1114.70	\$	8.69
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	13.70	\$	13.70	.002	\$	13.70	\$.02
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	129	963	\$	133,162.78	\$	138.28	1.502	\$	1032.27	\$	207.74
HOSP INPATIENT TOTAL	23	220		119,240.97		542.00	.343		5184.39		186.02
HSC HOSPITALS	5	16		22,783.00		1423.94	.025		4556.60		35.54

NON-HSC HOSPITAL TOTAL	3	83		82,81	3.12		997.75		129	27604.37		129.19
ACCOMMODATIONS	3	83		23,07	0.90		277.96		129	7690.30		35.99
ADMINISTRATIVE DAYS	1	70		16,19	1.00		231.30		109	16191.00		25.26
TRANSITIONAL IP CARE	0	0			.00		.00		000	.00		.00
ALL OTHER ACCOM	2	13		6,87	9.90		529.22		020	3439.95		10.73
ANCILLARIES	3	0		59,74	2.22		.00		000	19914.07		93.20
INPATIENT CROSSOVERS	16	121		13,64	4.85		112.77		189	852.80		21.29
ALL OTHER INPATIENT	0	0			.00		.00		000	.00		.00
HOSP OUTPATIENT TOTAL	116	743		13,92	21.81		18.74	1.	159	120.02		21.72
MEDICAL	14	21		73	86.97		35.09		033	52.64		1.15
SURGERY	2	2		7	2.83		36.42		003	36.42		.11
PATHOLOGY	32	280		2,62	21.87		9.36		437	81.93		4.09
RADIOLOGY	14	24		2,50	6.86		104.45		037	179.06		3.91
ROOM USE	27	53		2,06	9.01		39.04		083	76.63		3.23
CROSSOVERS/ALL OTH OUTPTNT	91	363		5 , 91	4.27		16.29		566	64.99		9.23
@COUNTY HOSPITAL TOTAL	9	108	\$	64,65	1.20	\$	598.62		168	\$ 7183.47	\$	100.86
CO HOSPITAL INPATIENT TOTAL	1	74		63,46	2.76		857.60		115	63462.76		99.01
HSC HOSPITALS	1	4		5,40	00.8		1352.00		006	5408.00		8.44
NON-HSC HOSPITALS TOTAL	1	70		58,05	4.76		829.35		109	58054.76		90.57
ACCOMMODATIONS	1	70		16,19	1.00		231.30		109	16191.00		25.26
ADMINISTRATIVE DAYS	1	70		16,19	1.00		231.30		109	16191.00		25.26
TRANSITIONAL IP CARE	0	0			.00		.00		000	.00		.00
ALL OTHER ACCOM	0	0			.00		.00		000	.00		.00
ANCILLARIES	1	0		41,86	3.76		.00		000	41863.76		65.31
INPATIENT CROSSOVERS	0	0			.00		.00		000	.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		000	.00		.00
CO HOSP OUTPATIENT TOTAL	8	34		1,18	88.44		34.95		053	148.56		1.85
MEDICAL	4	6		30	4.93		50.82		009	76.23		.48
SURGERY	1	1		2	7.86		27.86		002	27.86		.04
PATHOLOGY	0	0			.00		.00		000	.00		.00
RADIOLOGY	0	0		31	9.58		.00		000	.00		.50
ROOM USE	5	10		46	8.24		46.82		016	93.65		.73
CROSSOVERS/ALL OTH OUTPINT	5	17		6	7.83		3.99		027	13.57		.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES M	ONTH-OF-PAYM	MENT R	REPOR'	T FOR JAN	2002 T	HRU	DEC 2002	P	AGE 10,407
MOP024	FEE-FOR-SERVICE/DENT	AL										01/17/03

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 641 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 123 855 68,511.58 \$ 80.13 1.334 \$ 557.00 \$ 106.88 COMM HOSP INPATIENT TOTAL 22 87.02 146 55,778.21 382.04 .228 2535.37 HSC HOSPITALS 12 17,375.00 1447.92 .019 4343.75 27.11 NON-HSC HOSPITALS TOTAL 13 24,758.36 1904.49 .020 12379.18 38.62 ACCOMMODATIONS 1.3 6,879.90 529.22 .020 3439.95 10.73 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 13 6,879.90 529.22 .020 ALL OTHER ACCOM 3439.95 10.73 8939.23 ANCILLARIES 0 17,878.46 .00 .000 27.89 INPATIENT CROSSOVERS 16 121 13,644.85 112.77 852.80 21.29 .189 0 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 111 709 12,733.37 17.96 1.106 114.72 19.86 11 15 432.04 28.80 .023 39.28 .67 MEDICAL 1 1 44.97 44.97 .002 44.97 .07 SURGERY 32 PATHOLOGY 280 2,621.87 9.36 .437 81.93 4.09 91.14 .037 RADIOLOGY 14 24 2,187.28 156.23 3.41 ROOM USE 24 43 1,600.77 37.23 .067 66.70 2.50

SUMMARY OF SERVICES FOR IN HOME SUPPORT

SAN BENITO COUNTY

CROSSOVERS/ALL OTH OUTPTNT											
CROSSOVERS/ALL OIR OUIFINI	88	346		5,846.44		16.90	.540		66.44		9.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	27	701	\$	165,180.86	\$	235.64	1.094	Ś	6117.81	Ś	257.69
LEV A-INTERMEDIATE	0	0	Υ	.00	۲	.00	.000	Υ	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	•	0									
LEV B-SUBACUTE FREESTANDING	•	•		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	27	701		165,180.86		235.64	1.094		6117.81		257.69
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	359	\$	12,369.94	\$	34.46	.560	\$	1236.99	Ś	19.30
HOSPITAL BASED	0	0	т.	.00	7	.00	.000	-	.00	т.	.00
HEMODIALYSIS CENTER	10	359		12,369.94		34.46	.560		1236.99		19.30
@REHABILITATION FACILITY	1	2	\$	37.13	\$	18.57	.003	ċ	37.13	ċ	.06
	1		Ş		Ş			Þ		Þ	
HOSPITAL BASED		2		37.13		18.57	.003		37.13		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	81	\$	1,017.50	Ş	12.56	.126	Ş	127.19	Ş	1.59
PATHOLOGY	7	80		972.40		12.16	.125		138.91		1.52
XO AND OTHERS	1	1		45.10		45.10	.002		45.10		.07
@ORGANIZED OUTPATIENT CLINIC	54	85	\$	8,745.40	\$	102.89	.133	\$	161.95	\$	13.64
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	54	85		8,745.40		102.89	.133		161.95		13.64
#CALIF DEPT OF HEALTH SERV			DEC 1	MONTH-OF-PAYMENT RI				חדכ		D7	AGE 10,408
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	EEE EOD CEDUTCI		1100 1	IONIII OI IMIMBINI IN			2002 11110	טייר	, 2002	LI	
	FEE-FOR-SERVICE	E/DENTAL					2002 11110	טבוע	, 2002	LI	01/17/03
SAN BENITO COUNTY											01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	E/DENTAL VICES FOR IN HOM	E SUI	PPORT			M	IONT	'HLY AVERA	GE -	01/17/03
		E/DENTAL VICES FOR IN HOM UNITS OF SERVIC	E SUI		AVE	ERAGE COST	M UNITS/DAY	IONT S	HLY AVERA	GE -	01/17/03 COST PER
SAN BENITO COUNTY 641 ELIGIBLES	SUMMARY OF SERV	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR	E SUI	PPORT	AVE PEF	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	IONT S	'HLY AVERA COST PER USER	GE - (01/17/03 COST PER ELIGIBLE
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC	E SUI	PPORT EXPENDITURES 34,323.13	AVE	ERAGE COST R UNIT/DAY .96	M UNITS/DAY PER ELIG 55.924	IONT S	HLY AVERA COST PER USER 221.44	GE - (01/17/03 COST PER ELIGIBLE 53.55
SAN BENITO COUNTY 641 ELIGIBLES	SUMMARY OF SERV	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR	E SUI	PPORT	AVE PEF	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	IONT S	'HLY AVERA COST PER USER	GE - (01/17/03 COST PER ELIGIBLE
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847	E SUI	PPORT EXPENDITURES 34,323.13	AVE PEF	ERAGE COST R UNIT/DAY .96	M UNITS/DAY PER ELIG 55.924	IONT S	HLY AVERA COST PER USER 221.44	GE - (01/17/03 COST PER ELIGIBLE 53.55
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 155 20	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99	E SUI	EXPENDITURES 34,323.13 12,483.66	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10	M UNITS/DAY PER ELIG 55.924 .154	IONT S	COST PER USER 221.44 624.18	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48
SAN BENITO COUNTY 641 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 155 20 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00	M UNITS/DAY PER ELIG 55.924 .154 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00
SAN BENITO COUNTY 641 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVUSERS 155 20 0 0 33	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75	GE - (01/17/03
SAN BENITO COUNTY 641 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 155 20 0 0 33 11	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16	GE - (01/17/03
SAN BENITO COUNTY 641 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVUSERS 155 20 0 0 33 11 2	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19	GE - (01/17/03
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 222	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71	GE - (01/17/03
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 22 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00
641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0 0 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00
SAN BENITO COUNTY 641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 5	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0 0 0 13	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00
641 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0 0 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00
GALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 5	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 481 218 37 226 0 0 0 0 13	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .18
GALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 0 5 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226 0 0 0 13	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
GALL OTHER PROVIDERS OURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 5 0 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226 0 0 0 13 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00 .00 .00 .0	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
GALL OTHER PROVIDERS OURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 0 0 1 1	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226 0 0 0 13 0 20 20	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000 .000 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00 .23.30 .00 .00 .2455.30 2455.30	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
GALL OTHER PROVIDERS OURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 0 1 1 1	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226 0 0 0 13 0 20 20 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000 .000 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00 .23.30 .00 .00 2455.30 .2455.30 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
GALL OTHER PROVIDERS OURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	SUMMARY OF SERV USERS 155 20 0 0 333 11 22 22 0 0 0 0 0 1 1 1 0 0	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226 0 0 0 13 0 0 20 20 0 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00 .00 .00 .00	M VNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000 .000 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00 .23.30 .00 .00 2455.30 .2455.30 .00 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
GALL OTHER PROVIDERS OURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	SUMMARY OF SERV USERS 155 20 0 0 33 11 2 22 0 0 0 0 0 0 1 1 1	E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 35,847 99 0 0 481 218 37 226 0 0 0 13 0 20 20 0	E SUI	EXPENDITURES 34,323.13 12,483.66 .00 .00 6,756.72 2,828.76 84.38 3,843.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF	ERAGE COST R UNIT/DAY .96 126.10 .00 .00 14.05 12.98 2.28 17.01 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 55.924 .154 .000 .000 .750 .340 .058 .353 .000 .000 .000 .000 .000 .000 .000	IONT S	CHLY AVERA COST PER USER 221.44 624.18 .00 .00 204.75 257.16 42.19 174.71 .00 .00 .00 .00 .00 .23.30 .00 .00 2455.30 .2455.30 .00	GE - (01/17/03 COST PER ELIGIBLE 53.55 19.48 .00 .00 10.54 4.41 .13 6.00 .00 .00 .00 .00 .00 .00 .00 .00 .0

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	111	35,232	11,823.43	.34	54.964	106.52	18.45
@CALIF. CHILDREN SERVICES*	30	216	\$ 25,919.39	\$ 120.00	.337	\$ 863.98	\$ 40.44
@XOVER EXCLUDING STATE HOSP**	220	3,658	\$ 67,533.39	\$ 18.46	5.707	\$ 306.97	\$ 105.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,409
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED				~=
			_					GE
4,354 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
^=	2 225	OR DAYS OF CARE		1 000 000 00	PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,225	46,572	\$	1,076,992.65	\$ 23.13	10.696		
@PHYSICIANS SERVICES	675	1,932	\$	29,827.03	\$ 15.44	.444		
OUTPATIENT VISITS	21	27		1,322.44	48.98	.006	62.97	.30
OFFICE VISITS	15	20		724.80	36.24	.005	48.32	.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7		597.64	85.38	.002	85.38	.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	5	10		609.65	60.97	.002	121.93	.14
HOSPITAL VISITS	5	9		488.05	54.23	.002	97.61	.11
CRITICAL CARE	1	1		121.60	121.60	.000	121.60	.03
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		79.28	39.64	.000	39.64	.02
EXAMINATIONS	2	2		79.28	39.64	.000	39.64	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	10		680.75	68.08	.002	340.38	.16
PRINCIPAL SURGEON	1	1		466.12	466.12	.000	466.12	.11
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		214.63	23.85	.002	214.63	.05
OUTPATIENT SURGERY	3	5 5		242.00	48.40	.001	80.67	.06
PRINCIPAL SURGEON	3	5		242.00	48.40	.001	80.67	.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	2	10		583.04	58.30	.002	291.52	.13
PATHOLOGY	6	19		72.09	3.79	.004	12.02	.02
RADIOLOGY	12	24		719.93	30.00	.006	59.99	.17
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	646	1 , 825		25 , 517.85	13.98	.419	39.50	5.86
@PHARMACY	2,806	14,783	\$	619,269.85	\$ 41.89	3.395		
PRESCRIPTION DRUGS	2,785	10,347		593 , 396.36	57.35	2.376	213.07	136.29
SNF/ICF	9	70		4,386.37	62.66	.016	487.37	1.01
OUTPATIENTS	2,777	10,277		589 , 009.99	57.31	2.360	212.10	135.28
MEDICAL SUPPLIES	313	4,436		25,873.49	5.83	1.019	82.66	5.94
@DENTIST	146	671	\$		\$ 43.51	.154		
VISITS - DIAGNOSTIC	95	428		5,551.35	12.97	.098	58.44	1.28
ORAL SURGERY	12	32		1,438.00	44.94	.007	119.83	.33

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.02
PERIODONTICS	9	9		1,655.00	183.89		183.89		.38
ENDODONTICS	8	10		2,560.00	256.00		320.00		.59
RESTORATIVE DENTISTRY	40	128		11,835.00	92.46		295.88		2.72
PROSTHETICS	1	1		50.00	50.00		50.00		.01
DENTURES, STAYPLATES	23	62		6,007.68	96.90		261.20		1.38
SPACE MAINTAINERS	0	0		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00		.00		.00
ALL OTHER SERVICES	0	0		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	SES M	ONTH-OF-PAYMENT RE				D	AGE 10,410
MOP024	FEE-FOR-SERVICE		(LI) II	ONTH OF TATRENT RE	MONT FOR UA	.11 2002 111110 1	DEC 2002		01/17/03
SAN BENITO COUNTY		VICES FOR PUBLIC	7 C C T	STANCE - ACED					01/11/03
SAN BENITO COUNTI	SOMMAN OF SERV	TOES FOR FUBLIC	ADDI	STANCE AGED		M(ONTHLY AVERA	CF	
4,354 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	MITEDACE CO	ST UNITS/DAYS		-	COST PER
4,334 EDIGIDDES	OBERS	OR DAYS OF CARE		EXTENDITORES		AY PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	58	182	\$	4,038.95	\$ 22.19				.93
DIAGNOSTIC AND ANC. PROCED	29	29	Ÿ	1,351.19	46.59		46.59	Y	.31
EYE APPLIANCES	53	150		2,575.10	17.17		48.59		.59
OTHER OPTOMETRIC SERVICES	2	3		112.66	37.55		56.33		.03
@CHIROPRACTOR	0	0	\$.00	\$.00			ċ	.00
VISITS	0	0	Ą	.00	.00		.00	۲	.00
OTHER SERVICES	0	0		.00	.00		.00		.00
@PODIATRIST	2.6	65	\$	877.40	\$ 13.50			Ċ	.20
MEDICINE/INJECTIONS	0	0	Ą	.00	.00		.00	۲	.00
SURGERY/ANES.	0	0		.00	.00		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00		.00		.00
OTHER	26	65		877.40	13.50		33.75		.20
@HOME HEALTH AGENCY	0	0	\$.00	\$.00			Ś	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	۶ \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	. 0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	469	1,706	ç	138,486.19	\$ 81.18		•	\$	31.81
HOSP INPATIENT TOTAL	69	346	Ą	105,766.23	305.68		1532.84	۲	24.29
HSC HOSPITALS	6	21		17,716.92	843.66		2952.82		4.07
NON-HSC HOSPITAL TOTAL	6	27		33,108.88	1226.25		6621.78		7.60
ACCOMMODATIONS	J	27		11,833.18	438.27		2366.64		2.72
	0	0		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0	0					.00		
TRANSITIONAL IP CARE	U	27		.00 11,833.18	.00 438.27		2366.64		.00 2.72
ALL OTHER ACCOM	5 5	0		•	438.27		4255.14		2.72 4.89
ANCILLARIES	5 59	298		21,275.70 54,940.43	184.36		931.19		4.89 12.62
INPATIENT CROSSOVERS	59	∠98 0		-					
ALL OTHER INPATIENT	416	1,360		.00	.00 24.06		.00		.00 7.51
HOSP OUTPATIENT TOTAL MEDICAL	416	1,360		32,719.96	24.06		78.65		.00
MEDICAL	0	0		.00	.00		.00		.00

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403

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	39	1,170.77	30.02	.009	146.35	.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	39	1,170.77	30.02	.009	146.35	.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 10,411
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	TANCE - AGED				
					MON	THLY AVERA	GE
4,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	462	1,663 \$	133,628.44	\$ 80.35	.382 \$	289.24	\$ 30.69
COMM HOSP INPATIENT TOTAL	69	342	102,079.25	298.48	.079	1479.41	23.44
HSC HOSPITALS	5	17	14,029.94	825.29	.004	2805.99	3.22
NON-HSC HOSPITALS TOTAL	5	27	33,108.88	1226.25	.006	6621.78	7.60
ACCOMMODATIONS	5	27	11,833.18	438.27	.006	2366.64	2.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	27	11,833.18	438.27	.006	2366.64	2.72
ANCILLARIES	5	0	21,275.70	.00	.000	4255.14	4.89
INPATIENT CROSSOVERS	59	298	54,940.43	184.36	.068	931.19	12.62
ALL OHIED TAIDAHTENH	^	^	0.0	0.0	000	0.0	0.0

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ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	409	1,321		31,549.19		23.88	.303		77.14		7.25
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	33		515.83		15.63	.008		42.99		.12
RADIOLOGY	8	10		672.12		67.21	.002		84.02		.15
ROOM USE	3	2		69.91		34.96	.000		23.30		.02
CROSSOVERS/ALL OTH OUTPTNT		1,276		30,291.33		23.74	.293		76.49		6.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	37	591	\$	159,404.57	\$	269.72	.136	\$		\$	36.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	37	591		159,404.57		269.72	.136		4308.23		36.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	372	\$	20,969.82	\$	56.37	.085	\$	1048.49	\$	4.82
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	372		20,969.82		56.37	.085		1048.49		4.82
@REHABILITATION FACILITY	1	1	\$	48.00	\$	48.00	.000	\$	48.00	\$.01
HOSPITAL BASED	1	1		48.00		48.00	.000		48.00		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	89	\$	1,191.82	\$	13.39	.020	\$	119.18	\$.27
PATHOLOGY	6	79		1,006.40		12.74	.018		167.73		.23
XO AND OTHERS	4	10		185.42		18.54	.002		46.36		.04
@ORGANIZED OUTPATIENT CLINIC	237	360	\$	16,296.54	\$	45.27	.083	\$	68.76	\$	3.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		408.34		204.17	.000		204.17		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	235	358		15,888.20		44.38	.082		67.61		3.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	REPOR!	r for jan 2	2002 THRU	DEC	2002	PΖ	AGE 10,412
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI		ASSI	STANCE - AGED							
	-						N	IONT	HLY AVERA	GE -	
4,354 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
•		OR DAYS OF CAP	RE		PEI	R UNIT/DAY	PER ELIC	j	USER	Ι	ELIGIBLE

4,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	407	25 , 820 \$	57 , 385.45	\$ 2.22	5.930	141.00	\$ 13.18
DURABLE MED. EQUIP.	9	18	1,167.30	64.85	.004	129.70	.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	15	2,313.39	154.23	.003	330.48	.53
MEDICAL TRANSPORTATION	45	514	4,447.21	8.65	.118	98.83	1.02
AMBULANCES/AIR TRANS	6	33	794.61	24.08	.008	132.44	.18
OTHER TRANS	3	33	99.75	3.02	.008	33.25	.02
OTHER SERVICES	38	448	3,552.85	7.93	.103	93.50	.82
ACUPUNCTURE	4	16	281.14	17.57	.004	70.29	.06
ADULT DAY HEALTH CARE CTR	16	179	11,968.07	66.86	.041	748.00	2.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	35	2,337.39	66.78	.008	259.71	.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	182	2,406.86	13.22	.042	30.09	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	26	5,364.62	206.33	.006	383.19	1.23
HOSPICE SERVICES	3	109	11,716.32	107.49	.025	3905.44	2.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	242	24,725	15,382.50	.62	5.679	63.56	3.53
@CALIF. CHILDREN SERVICES*	0	2CR \$	21.40CR \$	10.70	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,149	6,951 \$	189,767.01 \$	27.30	1.596	\$ 165.16	\$ 43.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,413 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

			MONTHLY AVERAGE				
289 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	179	1,055 \$	57,700.33	\$ 54.69	3.651 \$	322.35	\$ 199.66
@PHYSICIANS SERVICES	52	146 \$	4,240.86	\$ 29.05	.505 \$	81.56	\$ 14.67
OUTPATIENT VISITS	23	31	1,078.59	34.79	.107	46.90	3.73
OFFICE VISITS	17	23	716.19	31.14	.080	42.13	2.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	282.96	56.59	.017	56.59	.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.44	26.48	.010	26.48	.27
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	4	141.93	35.48	.014	70.97	.49
EXAMINATIONS	2	4	141.93	35.48	.014	70.97	.49
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	14	1,973.06	140.93	.048	657.69	6.83
PRINCIPAL SURGEON	3	4	1,538.72	384.68	.014	512.91	5.32
ASSISTANT SURGEON	1	1	232.32	232.32	.003	232.32	.80
ANESTHESIOLOGIST	1	9	202.02	22.45	.031	202.02	.70
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	14.66	2.44	.021	4.89	.05
RADIOLOGY	9	12	171.02	14.25	.042	19.00	.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	79	861.60	10.91	.273	45.35	2.98
@ PHARMACY	140	577 \$	32,907.12	\$ 57.03	1.997 \$	235.05	\$ 113.87
PRESCRIPTION DRUGS	138	461	32,512.73	70.53	1.595	235.60	112.50

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	138	461	32,512.73	70.53	1.595	235.60	112.50
MEDICAL SUPPLIES	14	116	394.39	3.40	.401	28.17	1.36
@DENTIST	15	52 \$	3,092.00	\$ 59.46	.180	\$ 206.13	\$ 10.70
VISITS - DIAGNOSTIC	9	31	515.00	16.61	.107	57.22	1.78
ORAL SURGERY	6	7	435.00	62.14	.024	72.50	1.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.007	100.00	.69
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	690.00	138.00	.017	345.00	2.39
RESTORATIVE DENTISTRY	4	7	1,252.00	178.86	.024	313.00	4.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,414
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

SAN BENITO COUNTI	SUMMARI OF SERV	VICES FOR	FUDLIC A	ADDI.	STANCE - BLIND			14	\sim NTH	HLY AVERA	C E	
289 ELIGIBLES	USERS	UNITS OF	CEDUTCE		EXPENDITURES	70 7 7 77	DACE COCE	UNITS/DAY		COST PER	GĽ	COST PER
783 FFIGIRES	USERS		-		EXPENDITURES			,	5			
O O DECOMPED T CE	1	OR DAYS	OF CARE	ċ	47 45		UNIT/DAY	PER ELIG	ċ	USER	Ċ	ELIGIBLE
@OPTOMETRIST	1		1	\$	47.45	\$	47.45	.003	Þ	47.45	\$.16
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.003		47.45		.16
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@CHIROPRACTOR	0		0	\$.00	\$.00		\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		3	\$	59.70	\$	19.90	.010	Ş	29.85	\$.21
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		3		59.70		19.90	.010		29.85		.21
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21		87	\$	3,610.59	\$	41.50	.301	\$	171.93	\$	12.49
HOSP INPATIENT TOTAL	2		9		1,604.00		178.22	.031		802.00		5.55
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		9		1,604.00		178.22	.031		802.00		5.55
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19		78		2,006.59		25.73	.270		105.61		6.94
MEDICAL	3		6		191.75		31.96	.021		63.92		.66
SURGERY	1		1		29.74		29.74	.003		29.74		.10
PATHOLOGY	6		11		134.17		12.20	.038		22.36		.46

RADIOLOGY	8	10		289.28	28.9	3 .035	36.16	1.00
ROOM USE	9	15		723.19	48.2	1 .052	80.35	2.50
CROSSOVERS/ALL OTH OUTPTNT	11	35		638.46	18.2	4 .121	58.04	2.21
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.0	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.0	.000	.00	.00
HSC HOSPITALS	0	0		.00	.0	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.0	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.0	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.0	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.0	.000	.00	.00
ANCILLARIES	0	0		.00	.0	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.0	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.0	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.0	.000	.00	.00
MEDICAL	0	0		.00	.0	.000	.00	.00
SURGERY	0	0		.00	.0	.000	.00	.00
PATHOLOGY	0	0		.00	.0	.000	.00	.00
RADIOLOGY	0	0		.00	.0	.000	.00	.00
ROOM USE	0	0		.00	.0	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.0	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH	-OF-PAYMENT RE	EPORT FOR J	AN 2002 THRU	DEC 2002	PAGE 10,415
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTAN	CE - BLIND				

----- MONTHLY AVERAGE -----289 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 87 @COMMUNITY HOSPITAL TOTAL 21 3,610.59 41.50 .301 \$ 171.93 \$ 12.49 178.22 802.00 COMM HOSP INPATIENT TOTAL 1,604.00 .031 5.55 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES 1,604.00 178.22 802.00 5.55 INPATIENT CROSSOVERS .031 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 19 78 2,006.59 25.73 .270 105.61 6.94 MEDICAL 3 6 191.75 31.96 .021 63.92 .66 SURGERY 1 29.74 29.74 .003 29.74 .10 PATHOLOGY 11 134.17 12.20 .038 22.36 .46 RADIOLOGY 10 289.28 28.93 .035 36.16 1.00 ROOM USE 1.5 723.19 48.21 .052 80.35 2.50 638.46 18.24 .121 58.04 2.21 CROSSOVERS/ALL OTH OUTPINT .00 0 \$.00 .000 \$.00 \$.00 @STATE HOSPITAL 0 .000 MENTALLY ILL .00 .00 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .00 LEV A-INTERMEDIATE .000 .00 .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 LEV B-REGULAR .00 .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	1,162.65	\$	581.33	.007	ċ	1162.65	Ś	4.02
HOSPITAL BASED	0		Ą	.00	Ą	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	1	2		1,162.65		581.33	.007		1162.65		4.02
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	5	\$	34.56	\$	6.91		\$	34.56	Ċ	.12
PATHOLOGY	± 1	5	Ÿ	34.56	Ÿ	6.91	.017	٧	34.56	Y	.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	22	\$	1,933.04	\$	87.87	.076	Ċ	128.87	Ċ	6.69
CLINIC CLINIC	3	6	Ÿ	399.22	Ÿ	66.54	.021	٧	133.07	Y	1.38
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	16		1,533.82		95.86	.055		109.56		5.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX		RES MO	,	E.P.O.R.)F.C		P	AGE 10,416
MOP024	FEE-FOR-SERVICE/DENTAL	ILDINDITOL	CLO IIC		DI OIV.	1 1010 02110 2	2002 111110 1		2002		01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASST	STANCE - BLIND							01/1//00
DIN BENITO COUNT	BOTHER OF BERVIOLD FOR	IODLIO	11001	JIIIVOL BLIVB			MC	тис	HLY AVERA	GE.	
289 ELIGIBLES	USERS UNITS OF	SERVICE	2	EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
		OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	14	160	\$	10,612.36	\$	66.33	.554	\$	758.03	\$	36.72
DURABLE MED. EQUIP.	5	16	·	9,806.47	·	612.90	.055		1961.29	·	33.93
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	131		700.82		5.35	.453		233.61		2.42
AMBULANCES/AIR TRANS	1	95		451.90		4.76	.329		451.90		1.56
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	36		248.92		6.91	.125		82.97		.86
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.007	26.08	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	11	78.99	7.18	.038	15.80	.27
@CALIF. CHILDREN SERVICES*	12	34	\$ 11,203.82	\$ 329.52	.118	\$ 933.65	\$ 38.77
@XOVER EXCLUDING STATE HOSP**	26	147	\$ 4,021.04	\$ 27.35	.509	\$ 154.66	\$ 13.91

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,417 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	ITHLY AVERA	GE
6,402 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,663	223,001 \$	3,320,860.21	\$ 14.89	34.833 \$	712.17	\$ 518.72
@PHYSICIANS SERVICES	1,493	5,454 \$	182,494.52	\$ 33.46	.852 \$	122.23	\$ 28.51
OUTPATIENT VISITS	717	1,195	51,592.25	43.17	.187	71.96	8.06
OFFICE VISITS	420	564	19,376.48	34.36	.088	46.13	3.03
HOME VISITS	8	12	417.23	34.77	.002	52.15	.07
EMERGENCY ROOM	285	441	25 , 970.62	58.89	.069	91.12	4.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	10	482.35	48.24	.002	96.47	.08
OTHER OUTPATIENT	85	168	5 , 345.57	31.82	.026	62.89	.83
INPATIENT VISITS	113	433	27,047.34	62.46	.068	239.36	4.22
HOSPITAL VISITS	91	345	16,917.02	49.03	.054	185.90	2.64
CRITICAL CARE	10	60	9,196.13	153.27	.009	919.61	1.44
SNF/ICF/TRANS IP CARE	24	28	934.19	33.36	.004	38.92	.15
OPHTHALMOLOGICAL SERVICES	24	29	1,157.12	39.90	.005	48.21	.18
EXAMINATIONS	24	29	1,157.12	39.90	.005	48.21	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	304	27,114.96	89.19	.047	576.91	4.24
PRINCIPAL SURGEON	30	56	20,135.14	359.56	.009	671.17	3.15
ASSISTANT SURGEON	5	5	889.80	177.96	.001	177.96	.14
ANESTHESIOLOGIST	20	243	6,090.02	25.06	.038	304.50	.95
OUTPATIENT SURGERY	88	247	15,007.42	60.76	.039	170.54	2.34
PRINCIPAL SURGEON	64	92	10,719.17	116.51	.014	167.49	1.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	26	155	4,288.25	27.67	.024	164.93	.67
DIALYSIS	6	17	2,006.55	118.03	.003	334.43	.31
PATHOLOGY	86	279	2,835.50	10.16	.044	32.97	. 44

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	341	655		22,381.70		34.17	.102		65.64		3.50
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	16		237.62		14.85	.002		21.60		.04
OTHER SERVICES/ALL X-OVERS	692	2,279		33,114.06		14.53	.356		47.85		5.17
@PHARMACY	3,834	40,574	\$	1,439,904.55	\$	35.49	6.338	\$	375.56	\$	224.91
PRESCRIPTION DRUGS	3 , 749	15,503		1,384,594.92		89.31	2.422		369.32		216.28
SNF/ICF	44	316		28,157.66		89.11	.049		639.95		4.40
OUTPATIENTS	3,708	15,187		1,356,437.26		89.32	2.372		365.81		211.88
MEDICAL SUPPLIES	463	25,071		55,309.63		2.21	3.916		119.46		8.64
@DENTIST	345	1,462	\$	67 , 836.86	\$	46.40	.228	\$	196.63	\$	10.60
VISITS - DIAGNOSTIC	225	925		15,010.11		16.23	.144		66.71		2.34
ORAL SURGERY	49	118		7,251.00		61.45	.018		147.98		1.13
DRUGS	1	1		25.00		25.00	.000		25.00		.00
ANESTHESIA	8	8		600.00		75.00	.001		75.00		.09
PERIODONTICS	25	27		4,020.00		148.89	.004		160.80		.63
ENDODONTICS	14	18		4,930.00		273.89	.003		352.14		.77
RESTORATIVE DENTISTRY	112	288		24,484.75		85.02	.045		218.61		3.82
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	27	69		11,306.00		163.86	.011		418.74		1.77
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		210.00		70.00	.000		70.00		.03
ALL OTHER SERVICES	3	4		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	ES :	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 10,418

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----6,402 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 320 .050 \$ 1.11 @OPTOMETRIST 96 7,111.31 22.22 74.08 \$ 70 43.92 48.04 DIAGNOSTIC AND ANC. PROCED 3,074.49 .011 .48 249 EYE APPLIANCES 4,025.41 16.17 .039 47.92 .63 1 11.41 OTHER OPTOMETRIC SERVICES 11.41 11.41 .000 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .000 .00 .00 .00 .00 VISITS .00 .00 .00 .00 OTHER SERVICES .000 @PODIATRIST 49 108 1,518.05 14.06 .017 \$ 30.98 \$.24 24 32 MEDICINE/INJECTIONS 724.26 22.63 .005 30.18 .11 SURGERY/ANES. 67.02 33.51 .000 33.51 .01 RADIO./PATHOLOGY 4 51.91 12.98 .001 17.30 .01 OTHER 70 674.86 9.64 .011 26.99 .11 @HOME HEALTH AGENCY 37 290 21,324.27 73.53 .045 \$ 576.33 \$ 3.33 NURSE ANESTHESIST 0 .00 .00 .000 \$.00 .00 0 .00 .00 .000 \$.00 NURSE MIDWIFE 13.70 13.70 .000 \$ 13.70 1 \$.00 PEDIATRIC NURSE PRACTITIONER .000 .00 Ś FAMILY NURSE PRACTITIONER 0 0 .00 .00 .00 7,650 @TOTAL HOSPITAL 1,198 977,738.72 127.81 1.195 816.14 \$ 152.72 HOSP INPATIENT TOTAL 122 721 804,298.72 1115.53 .113 6592.61 125.63 267 59.61 HSC HOSPITALS 381,646.00 1429.39 .042 9785.79 269 390,348.27 1451.11 8305.28 NON-HSC HOSPITAL TOTAL .042 60.97 47 269 481.85 2757.81 20.25 ACCOMMODATIONS 129,617.08 .042 231.45 112 25,922.77 .017 12961.39 4.05 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 75.51 .00 .000 .00 .01 ALL OTHER ACCOM 45 157 103,618.80 659.99 .025 2302.64 16.19 ANCILLARIES 260,731.19 .00 .000 5547.47 40.73

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

INPATIENT CROSSOVERS	42	185		32,304.45		174.62	.029	769.15		5.05
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,137	6,929		173,440.00		25.03	1.082	152.54		27.09
MEDICAL	187	265		13,020.94		49.14	.041	69.63		2.03
SURGERY	42	48		3,095.17		64.48	.007	73.69		.48
PATHOLOGY	503	3,285		32,769.14		9.98	.513	65.15		5.12
RADIOLOGY	275	461		41,852.48		90.79	.072	152.19		6.54
ROOM USE	388	654		28,807.05		44.05	.102	74.24		4.50
CROSSOVERS/ALL OTH OUTPINT	634	2,216		53,895.22		24.32	.346	85.01		8.42
@COUNTY HOSPITAL TOTAL	130	563	\$	215,175.12	\$	382.19	.088	\$ 1655.19	\$	33.61
CO HOSPITAL INPATIENT TOTAL	10	202		198,829.50		984.30	.032	19882.95		31.06
HSC HOSPITALS	10	90		117,946.00		1310.51	.014	11794.60		18.42
NON-HSC HOSPITALS TOTAL	2	112		80,883.50		722.17	.017	40441.75		12.63
ACCOMMODATIONS	2	112		25 , 905.60		231.30	.017	12952.80		4.05
ADMINISTRATIVE DAYS	2	112		25 , 905.60		231.30	.017	12952.80		4.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	2	0		54 , 977.90		.00	.000	27488.95		8.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	120	361		16,345.62		45.28	.056	136.21		2.55
MEDICAL	39	49		2,576.85		52.59	.008	66.07		.40
SURGERY	4	4		366.12		91.53	.001	91.53		.06
PATHOLOGY	28	95		1,048.88		11.04	.015	37.46		.16
RADIOLOGY	8	10		1,162.33		116.23	.002	145.29		.18
ROOM USE	75	96		3,917.09		40.80	.015	52.23		.61
CROSSOVERS/ALL OTH OUTPINT	39	107		7,274.35		67.98	.017	186.52		1.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES M	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THRU	DEC 2002	PF	AGE 10,419
MOP024	FEE-FOR-SERVICE/DENTA	L								01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

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6,402 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,105	7,087	\$	762,563.60	\$ 107.60	1.107	\$ 690.10	\$	119.11
COMM HOSP INPATIENT TOTAL	114	519		605,469.22	1166.61	.081	5311.13		94.58
HSC HOSPITALS	29	177		263,700.00	1489.83	.028	9093.10		41.19
NON-HSC HOSPITALS TOTAL	45	157		309,464.77	1971.11	.025	6876.99		48.34
ACCOMMODATIONS	45	157		103,711.48	660.58	.025	2304.70		16.20
ADMINISTRATIVE DAYS	0	0		17.17	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00		.01
ALL OTHER ACCOM	45	157		103,618.80	659.99	.025	2302.64		16.19
ANCILLARIES	45	0		205,753.29	.00	.000	4572.30		32.14
INPATIENT CROSSOVERS	42	185		32,304.45	174.62	.029	769.15		5.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,045	6,568		157,094.38	23.92	1.026	150.33		24.54
MEDICAL	153	216		10,444.09	48.35	.034	68.26		1.63
SURGERY	38	44		2,729.05	62.02	.007	71.82		.43
PATHOLOGY	477	3,190		31,720.26	9.94	.498	66.50		4.95
RADIOLOGY	268	451		40,690.15	90.22	.070	151.83		6.36
ROOM USE	328	558		24,889.96	44.61	.087	75.88		3.89
CROSSOVERS/ALL OTH OUTPTNT	600	2,109		46,620.87	22.11	.329	77.70		7.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	43	1,155	\$	211,085.23	\$ 182.76	.180	\$ 4908.96	\$	32.97
LEV A-INTERMEDIATE	2	101		8,546.62	84.62	.016	4273.31		1.33

----- MONTHLY AVERAGE -----

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	41	1,054		202,538.61		192.16	.165		4939.97		31.64
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	53	938	\$	56,527.30	\$	60.26	.147	\$	1066.55	\$	8.83
HOSPITAL BASED	1	20		6,043.12		302.16	.003		6043.12		.94
HEMODIALYSIS CENTER	52	918		50,484.18		54.99	.143		970.85		7.89
@REHABILITATION FACILITY	6	5	\$	321.91	\$	64.38	.001	\$	53.65	\$.05
HOSPITAL BASED	6	5		321.91		64.38	.001		53.65		.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	170	520	\$	8,050.54	\$	15.48	.081	\$	47.36	\$	1.26
PATHOLOGY	168	515		8,046.44		15.62	.080		47.90		1.26
XO AND OTHERS	2	5		4.10		.82	.001		2.05		.00
@ORGANIZED OUTPATIENT CLINIC	800	1,369	\$,	\$	80.95	.214	\$	138.52	\$	17.31
CLINIC	7	18		941.06		52.28	.003		134.44		.15
SURGICENTER	1	7		611.21		87.32	.001		611.21		.10
HEROIN DETOX CLINIC	2	32		371.62		11.61	.005		185.81		.06
RURAL HEALTH CLINIC	791	1,312		108,890.24		83.00	.205		137.66		17.01
	MEDI-CAL SERVICES AND		JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 10,420
	FEE-FOR-SERVICE/DENTA										01/17/03
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SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED ------ MONTHLY AVERAGE ------

6,402 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	645	163 , 154 \$	236,092.32	\$ 1.45	25.485	366.03	\$ 36.88
DURABLE MED. EQUIP.	109	551	81 , 260.35	147.48	.086	745.51	12.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	8	969.71	121.21	.001	242.43	.15
MEDICAL TRANSPORTATION	112	2,794	28 , 978.27	10.37	.436	258.73	4.53
AMBULANCES/AIR TRANS	64	1,292	14,350.47	11.11	.202	224.23	2.24
OTHER TRANS	11	1,086	4,854.53	4.47	.170	441.32	.76
OTHER SERVICES	40	416	9,773.27	23.49	.065	244.33	1.53
ACUPUNCTURE	2	2	43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	12	2,237	66,174.65	29.58	.349	5514.55	10.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	120	280	3,141.93	11.22	.044	26.18	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	5	33	3,781.51	114.59	.005	756.30	.59
PROSTHETICS	5	33	3,781.51	114.59	.005	756.30	.59
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	33.22	16.61	.000	33.22	.01
SPEECH AND AUDIOLOGY	12	33	3 , 561.95	107.94	.005	296.83	.56
HOSPICE SERVICES	3	76	9,841.17	129.49	.012	3280.39	1.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	429	3,210.52	7.48	.067	103.57	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	300	156,707	34,990.14	.22	24.478	116.63	5.47
@CALIF. CHILDREN SERVICES*	154	3,149	\$ 342,761.61	\$ 108.85	.492	\$ 2225.72 \$	53.54
@XOVER EXCLUDING STATE HOSP**	878	12,379	\$ 150,532.74	\$ 12.16	1.934	\$ 171.45 \$	23.51

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,421 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					M∩	MTHIV AVERA	CF
HCEBC	INITES OF SERVICE		EADENDIMIDEC	ATTEDACE COCH			
USERS			EXPENDITORES				COST PER
					_		ELIGIBLE
,	•			•		•	
2 , 384	4,627 \$	5	215 , 602.87	\$ 46.60	.271	\$ 90.44	\$ 12.61
1,804	2 , 395		99,099.84	41.38	.140	54.93	5.80
1,046	1,314		46,510.01	35.40	.077	44.46	2.72
0	0		.00	.00	.000	.00	.00
785	917		42,735.71	46.60	.054	54.44	2.50
2	2		109.66	54.83	.000	54.83	.01
56	105		7,701.69	73.35	.006	137.53	.45
51	57		2,042.77	35.84	.003	40.05	.12
79	191		11,180.75	58.54	.011	141.53	.65
75	169		8,702.61	51.49	.010	116.03	.51
5	22		2,478.14	112.64	.001	495.63	.14
0	0		.00	.00	.000	.00	.00
9	9		360.56	40.06	.001	40.06	.02
9	9		360.56	40.06	.001	40.06	.02
0	0		.00	.00	.000	.00	.00
94	289		47 , 985.65	166.04	.017	510.49	2.81
62	68		40,711.44	598.70	.004	656.64	2.38
12	12		2,093.81	174.48	.001	174.48	.12
28	209		5,180.40	24.79	.012	185.01	.30
	1,046 0 785 2 56 51 79 75 5 0 9 9	OR DAYS OF CARE 7,105 2,384 4,627 1,804 2,395 1,046 1,314 0 0 785 917 2 2 56 105 51 57 79 191 75 169 5 22 0 0 9 9 9 9 0 0 94 289 62 68 12	OR DAYS OF CARE 7,105	OR DAYS OF CARE 7,105	OR DAYS OF CARE 7,105 28,692 384 4,627 5215,602.87 46.60 1,804 2,395 99,099.84 41.38 1,046 1,314 46,510.01 35.40 0 0 0 0 785 917 42,735.71 46.60 2 2 2 109.66 54.83 56 105 7,701.69 73.35 51 57 2,042.77 35.84 79 191 11,180.75 58.54 75 169 8,702.61 51.49 5 22 2,478.14 112.64 0 0 0 9 9 9 360.56 40.06 9 9 9 360.56 40.06 0 0 94 289 47,985.65 166.04 62 68 40,711.44 598.70 12	USERS UNITS OF SERVICE OR DAYS OF CARE 7,105 28,692 31,582,254.18 2,384 4,627 395 99,099.84 1.38 1.40 1,046 1,314 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 7,105 28,692 \$ 1,582,254.18 \$ 55.15 1.678 \$ 222.70 2,384 4,627 \$ 215,602.87 \$ 46.60 .271 \$ 90.44 1,804 2,395 99,099.84 41.38 .140 54.93 1,046 1,314 46,510.01 35.40 .077 44.46 0 0 .00 .00 .000 .00 .00 785 917 42,735.71 46.60 .054 54.44 2 2 109.66 54.83 .000 54.83 56 105 7,701.69 73.35 .006 137.53 51 57 2,042.77 35.84 .003 40.05 79 191 11,180.75 58.54 .011 141.53 75 169 8,702.61 51.49 .010 116.03 5 22 2,478.14 112.64 .001 49.66

OUTPATIENT SURGERY	173	354		25,826.57		72.96	.021		149.29		1.51
PRINCIPAL SURGEON	148	175		20,766.65		118.67	.010		140.32		1.21
ASSISTANT SURGEON	1	1		186.50		186.50	.000		186.50		.01
ANESTHESIOLOGIST	52	178		4,873.42		27.38	.010		93.72		.29
DIALYSIS	1	1		56.60		56.60	.000		56.60		.00
PATHOLOGY	189	344		2,435.21		7.08	.020		12.88		.14
RADIOLOGY	547	696		17,973.35		25.82	.041		32.86		1.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	38	83		891.28		10.74	.005		23.45		.05
OTHER SERVICES/ALL X-OVERS	163	265		9,793.06		36.95	.015		60.08		.57
@PHARMACY	3,532	8 , 535	\$	381,241.37	\$	44.67	.499	\$	107.94	\$	22.30
PRESCRIPTION DRUGS	3,515	8,412		377,747.58		44.91	.492		107.47		22.09
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3,515	8,412		377,747.58		44.91	.492		107.47		22.09
MEDICAL SUPPLIES	95	123		3,493.79		28.40	.007		36.78		.20
@DENTIST	813	3 , 965	\$	130,175.19	\$	32.83	.232	\$	160.12	\$	7.61
VISITS - DIAGNOSTIC	596	2,639		42,109.69		15.96	.154		70.65		2.46
ORAL SURGERY	92	177		10,978.75		62.03	.010		119.33		.64
DRUGS	21	22		543.75		24.72	.001		25.89		.03
ANESTHESIA	12	12		1,100.00		91.67	.001		91.67		.06
PERIODONTICS	14	18		2,600.00		144.44	.001		185.71		.15
ENDODONTICS	54	103		13,192.50		128.08	.006		244.31		.77
RESTORATIVE DENTISTRY	284	908		51,779.00		57.03	.053		182.32		3.03
PROSTHETICS	1	1		50.00		50.00	.000		50.00		.00
DENTURES, STAYPLATES	6	25		2,758.00		110.32	.001		459.67		.16
SPACE MAINTAINERS	5	6		600.00		100.00	.000		120.00		.04
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	31	43		4,162.50		96.80	.003		134.27		.24
ALL OTHER SERVICES	8	9		201.00		22.33	.001		25.13		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	002 THRU	DEC	2002	PA	GE 10,422
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	STANCE - FAMILIES							

DOIMING OF DEL	WIODO IOI	LODDIO	11001	I I I I I I I I I I I I I I I I I I I	110					~-	
							MC	ГИC	THLY AVERA	GE.	
USERS	UNITS OF	SERVIC	E	EXPENDITUR	ES A	VERAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAYS	OF CAR	E		P	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
143		427	\$	9,772.	05 \$	22.89	.025	\$	68.34	\$.57
99		99		4,682.	98	47.30	.006		47.30		.27
117		328		5,089.	07	15.52	.019		43.50		.30
0		0			00	.00	.000		.00		.00
0		0	\$		00 \$.00	.000	\$.00	\$.00
0		0			00	.00	.000		.00		.00
0		0			00	.00	.000		.00		.00
7		12	\$	330.	35 \$	27.53	.001	\$	47.19	\$.02
6		9		263.	73	29.30	.001		43.96		.02
1		1		32.	02	32.02	.000		32.02		.00
2		2		34.	60	17.30	.000		17.30		.00
0		0			00	.00	.000		.00		.00
13		24	\$	1,432.	78 \$	59.70	.001	\$	110.21	\$.08
0		0	\$		00 \$.00	.000	\$.00	\$.00
0		0	\$		00 \$.00	.000	\$.00	\$.00
0		0	\$		00 \$.00	.000	\$.00	\$.00
1		2	\$	33.	56 \$	16.78	.000	\$	33.56	\$.00
1,612		5,118	\$	509,560.	39 \$	99.56	.299	\$	316.10	\$	29.80
78		267		377,746.	50	1414.78	.016		4842.90		22.09
11		57		72,782.	09	1276.88	.003		6616.55		4.26
	143 99 117 0 0 0 0 7 6 1 2 0 13 0 0 0 1 1,612 78	OR DAYS 143 99 117 0 0 0 7 6 1 2 0 13 0 0 13 1,612 78	OR DAYS OF CAR 143	OR DAYS OF CARE 143	OR DAYS OF CARE 143	OR DAYS OF CARE 143	OR DAYS OF CARE 143 427 99 99 99 99 4,682.98 47.30 117 328 5,089.07 15.52 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 143	USERS UNITS OF SERVICE OR DAYS OF CARE 143	USERS UNITS OF SERVICE OR DAYS OF CARE 143	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 143 427 \$ 9,772.05 \$ 22.89 .025 \$ 68.34 \$ 99 99 4,682.98 47.30 .006 47.30 15.52 .019 43.50 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	68	210		304,964.41	1452.21	.012	4484.77		17.84
ACCOMMODATIONS	66	210		104,188.69	496.14	.012	1578.62		6.09
ADMINISTRATIVE DAYS	1	7		1,619.10	231.30	.000	1619.10		.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	65	203		102,569.59	505.27	.012	1577.99		6.00
ANCILLARIES	68	0		200,775.72	.00	.000	2952.58		11.74
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,565	4,851		131,813.89	27.17	.284	84.23		7.71
MEDICAL	199	225		6,463.63	28.73	.013	32.48		.38
SURGERY	75	78		5,469.46	70.12	.005	72.93		.32
PATHOLOGY	730	2,163		27,530.17	12.73	.126	37.71		1.61
RADIOLOGY	430	542		31,622.60	58.34	.032	73.54		1.85
ROOM USE	875	1,104		48,556.95	43.98	.065	55.49		2.84
CROSSOVERS/ALL OTH OUTPINT	503	739		12,171.08	16.47	.043	24.20		.71
@COUNTY HOSPITAL TOTAL	79	315	\$	52,372.48	\$ 166.26	.018	\$ 662.94	\$	3.06
CO HOSPITAL INPATIENT TOTAL	2	37		46,406.97	1254.24	.002	23203.49		2.71
HSC HOSPITALS	2	30		40,560.03	1352.00	.002	20280.02		2.37
NON-HSC HOSPITALS TOTAL	1	7		5,846.94	835.28	.000	5846.94		.34
ACCOMMODATIONS	1	7		1,619.10	231.30	.000	1619.10		.09
ADMINISTRATIVE DAYS	1	7		1,619.10	231.30	.000	1619.10		.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		4,227.84	.00	.000	4227.84		.25
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	78	278		5,965.51	21.46	.016	76.48		.35
MEDICAL	11	12		550.77	45.90	.001	50.07		.03
SURGERY	4	5		177.77	35.55	.000	44.44		.01
PATHOLOGY	28	131		1,126.62	8.60	.008	40.24		.07
RADIOLOGY	8	9		843.62	93.74	.001	105.45		.05
ROOM USE	58	74		2,652.42	35.84	.004	45.73		.16
CROSSOVERS/ALL OTH OUTPINT	20	47		614.31	13.07	.003	30.72		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DI	EC 2002	PF	AGE 10,423
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - FAMILIES					
						MOI	NTHLY AVERA	GE -	
17,099 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE

17,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,552	4,803	\$ 457,187.91	\$ 95.19	.281	\$ 294.58	\$ 26.74
COMM HOSP INPATIENT TOTAL	76	230	331,339.53	1440.61	.013	4359.73	19.38
HSC HOSPITALS	9	27	32,222.06	1193.41	.002	3580.23	1.88
NON-HSC HOSPITALS TOTAL	67	203	299,117.47	1473.49	.012	4464.44	17.49
ACCOMMODATIONS	65	203	102,569.59	505.27	.012	1577.99	6.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	65	203	102,569.59	505.27	.012	1577.99	6.00
ANCILLARIES	67	0	196,547.88	.00	.000	2933.55	11.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,504	4,573	125,848.38	27.52	.267	83.68	7.36
MEDICAL	189	213	5,912.86	27.76	.012	31.28	.35
SURGERY	71	73	5,291.69	72.49	.004	74.53	.31
PATHOLOGY	706	2,032	26,403.55	12.99	.119	37.40	1.54
RADIOLOGY	425	533	30,778.98	57.75	.031	72.42	1.80
ROOM USE	826	1,030	45,904.53	44.57	.060	55.57	2.68

CROSSOVERS/ALL OTH OUTPTNT	485	692		11,556.77		16.70	.040		23.83		.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	т	.00	.000	т.	.00	-	.00
	0	· ·									
DEVELOP. DISABLED	•	0		.00	_	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-REGULAR	Ü	•		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
_	0	0	٧	.00	۲	.00	.000	Y	.00	Y	
HOSPITAL BASED	0										.00
HEMODIALYSIS CENTER	Ü	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	11	\$	1,242.31	\$	112.94	.001	Ş	414.10	\$.07
HOSPITAL BASED	3	11		1,242.31		112.94	.001		414.10		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	314	784	\$	14,737.85	\$	18.80	.046	Ś	46.94	Ś	.86
PATHOLOGY	314	784	Ψ	14,737.85	т	18.80	.046	Τ.	46.94	Ψ	.86
				•							
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	2,343	3,410	\$	286,680.66	\$	84.07	.199	Ş	122.36	Ş	16.77
CLINIC	101	403		10,114.01		25.10	.024		100.14		.59
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	^				0.0	000		0.0		.00
HEROIN DETOX CLINIC	0	0		.00		. 00	.000		.00		. 00
HEROIN DETOX CLINIC				.00 276.566 65		.00 91 97	.000		.00 122 43		
RURAL HEALTH CLINIC	2,259	3,007	IDEC M	276,566.65	ים מח	91.97	.176	DEC	122.43	D.7	16.17
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	2,259 MEDI-CAL SERVIO	3,007 CES AND EXPENDITU	JRES M		EPORT	91.97	.176	DEC	122.43	PA	16.17 AGE 10,424
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE	3,007 CES AND EXPENDITU E/DENTAL		276,566.65 IONTH-OF-PAYMENT RE	EPORT	91.97	.176	DEC	122.43	P <i>P</i>	16.17
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE	3,007 CES AND EXPENDITU E/DENTAL		276,566.65	EPORI	91.97	.176 2002 THRU		122.43		16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE	3,007 CES AND EXPENDITU E/DENTAL		276,566.65 IONTH-OF-PAYMENT RE		91.97 FOR JAN	.176 2002 THRU	IONT	122.43 2002 THLY AVERA		16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE	3,007 CES AND EXPENDITU E/DENTAL	C ASSI	276,566.65 IONTH-OF-PAYMENT RE		91.97 FOR JAN	.176 2002 THRU	IONT	122.43 2002 THLY AVERA	.GE -	16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC	C ASSI	276,566.65 MONTH-OF-PAYMENT RE	AVE	91.97 FOR JAN	.176 2002 THRU	IONT S	122.43 2002 THLY AVERA	.GE -	16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	3,007 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES	AVE PEF	91.97 FOR JAN CRAGE COST UNIT/DAY	.176 2002 THRU M UNITS/DAY PER ELIG	IONT S	122.43 2002 HLY AVERA COST PER USER	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF	C ASSI	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80	AVE	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70	.176 2002 THRU M UNITS/DAY PER ELIG .104	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER GLIGIBLE 1.84
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09	AVE PEF	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER GLIGIBLE 1.84 .07
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00	AVE PEF	91.97 FOR JAN GRAGE COST UNIT/DAY 17.70 43.41 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0 0	3,007 DES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00	AVE PEF	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0 0 61	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0 0 834	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68	AVE PEF	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54	.GE - C E	16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0 0	3,007 DES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00	AVE PEF	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0 0 61	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0 0 834	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68	AVE PEF	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0 0 61 61 61	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18	.GE - C E	16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 418 11 0 0 61 61 61	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00	AVE PEF \$	91.97 FOR JAN CRAGE COST R UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000	IONT S	122.43 2002 THLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00	.GE - C E	16.17 AGE 10,424 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0 0 834 827 3 4 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE EXTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00	AVE PEF \$	91.97 FOR JAN CRAGE COST R UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000	IONT S	122.43 2002 THLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 0	3,007 CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0 0 834 827 3 4 0 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00	AVE PEF \$	91.97 FOR JAN CRAGE COST R UNIT/DAY 17.70 43.41 .00 .00 .22.42 13.88 6.61 1800.00 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER ELIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27	3,007 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0 0 834 827 3 4 0 0 0 27	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00 1,789.00	AVE PEF \$	91.97 FOR JAN CRAGE COST R UNIT/DAY 17.70 43.41 .00 .00 .22.42 13.88 6.61 1800.00 .00 .00 .00 .00 66.26	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827 3 4 0 0 27 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00 1,789.00 .00	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 .22.42 13.88 6.61 1800.00 .00 .00 .00 .00 .00 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000	IONT S	122.43 2002 THLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0 0	3,007 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 1,777 27 0 0 834 827 3 4 0 0 0 27	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00 1,789.00	AVE PEF \$	91.97 FOR JAN CRAGE COST R UNIT/DAY 17.70 43.41 .00 .00 .22.42 13.88 6.61 1800.00 .00 .00 .00 .00 66.26	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827 3 4 0 0 27 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00 1,789.00 .00	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 .22.42 13.88 6.61 1800.00 .00 .00 .00 .00 .00 .00	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000	IONT S	122.43 2002 THLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0 0	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 0 834 827 3 4 0 0 27 0 0 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00 1,789.00 .00 .00 .00	AVE PEF \$	91.97 FOR JAN CRAGE COST VINIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00 .10 .00 .10
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0 0 132 1	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827 3 4 0 0 27 0 0 296 1	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 .00 1,789.00 .00 2,603.37 88.69	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 .00 .00 .00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00 .10 .00 .15 .01
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0 0 132 1 0	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827 3 4 0 0 27 0 0 296 1 0	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 1,789.00 .00 1,789.00 .00 2,603.37 88.69 .00	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 HLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 .00 .00 .00 .00 .00	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .00 .10 .00 .10 .00 .10 .00 .10 .00 .10 .00 .0
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0 0 132 1	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827 3 4 0 0 27 0 0 296 1 0 8	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 1,789.00 .00 1,789.00 .00 2,603.37 88.69 .00 630.87	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 66.26 .00 .00 8.80 88.69 .00 78.86	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 66.26 .00 .00 .00 19.72 88.69 .00 315.44	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00 .10 .00 .10 .00 .00 .15 .01 .00 .04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 61 1 4 0 0 27 0 0 132 1 0	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAPE 1,777 27 0 0 834 827 3 4 0 0 27 0 0 296 1 0 8 7	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 1,789.00 .00 1,789.00 .00 2,603.37 88.69 .00 630.87 542.18	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 66.26 .00 .00 8.80 88.69 .00 78.86 77.45	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 66.26 .00 .00 19.72 88.69 .00 315.44 271.09	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00 .10 .00 .10 .00 .00 .15 .01 .00 .04 .03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 1 4 0 0 27 0 0 132 1 0 2 2 1	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAFFER 1,777 27 0 0 834 827 3 4 0 0 27 0 0 296 1 0 8 7	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 1,789.00 .00 1,789.00 .00 2,603.37 88.69 .00 630.87 542.18 88.69	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 66.26 .00 .00 8.80 88.69 .00 78.86 77.45 88.69	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 66.26 .00 .00 .00 19.72 88.69 .00 315.44 271.09 88.69	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .00 .10 .00 .10 .00 .10 .00 .00 .15 .01 .00 .04 .03 .01
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 1 4 0 0 27 0 0 132 1 0 2 2 1 3	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAFFER 1,777 27 0 0 834 827 3 4 0 0 27 0 296 1 0 8 7 1 22	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 1,789.00 .00 1,789.00 .00 2,603.37 88.69 .00 630.87 542.18 88.69 1,471.80	AVE PEF \$	91.97 FOR JAN CRAGE COST R UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 THLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 66.26 .00 .00 19.72 88.69 .00 315.44 271.09 88.69 490.60	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .00 .10 .00 .10 .00 .10 .00 .00 .15 .01 .00 .04 .03 .01 .09
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 17,099 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	2,259 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 418 11 0 0 61 61 1 4 0 0 27 0 0 132 1 0 2 2 1	3,007 CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAFFER 1,777 27 0 0 834 827 3 4 0 0 27 0 0 296 1 0 8 7	C ASSI CE RE	276,566.65 MONTH-OF-PAYMENT RE ESTANCE - FAMILIES EXPENDITURES 31,444.80 1,172.09 .00 .00 18,698.68 11,478.84 19.84 7,200.00 .00 1,789.00 .00 1,789.00 .00 2,603.37 88.69 .00 630.87 542.18 88.69	AVE PEF \$	91.97 FOR JAN CRAGE COST UNIT/DAY 17.70 43.41 .00 .00 22.42 13.88 6.61 1800.00 .00 66.26 .00 .00 8.80 88.69 .00 78.86 77.45 88.69	.176 2002 THRU M UNITS/DAY PER ELIG .104 .002 .000 .000 .049 .048 .000 .000 .000 .000 .000 .000 .000	IONT S	122.43 2002 PHLY AVERA COST PER USER 75.23 106.55 .00 .00 306.54 188.18 19.84 1800.00 .00 .00 66.26 .00 .00 .00 19.72 88.69 .00 315.44 271.09 88.69	.GE - C E	16.17 AGE 10,424 01/17/03 COST PER CLIGIBLE 1.84 .07 .00 .00 1.09 .67 .00 .42 .00 .00 .10 .00 .10 .00 .10 .00 .00 .15 .01 .00 .04 .03 .01

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	182	550	4,435.59	8.06	.032	24.37	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	44	155	\$ 54,995.77	\$ 354.81	.009	\$ 1249.90	\$ 3.22
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,425
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSI	STANCE					
						MON		-	
28,144 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	15,172	299,320	\$	6,037,807.37	\$ 20.17	10.635			214.53
@PHYSICIANS SERVICES	4,604	12,159	\$	432,165.28	\$ 35.54	.432 \$		\$	15.36
OUTPATIENT VISITS	2,565	3,648		153,093.12	41.97	.130	59.69		5.44
OFFICE VISITS	1,498	1,921		67 , 327.48	35.05	.068	44.94		2.39
HOME VISITS	8	12		417.23	34.77	.000	52.15		.01
EMERGENCY ROOM	1,082	1,370		69,586.93	50.79	.049	64.31		2.47
PREVENTIVE CARE	2	2		109.66	54.83	.000	54.83		.00
OB VISITS/COMPRE PERI	61	115		8,184.04	71.17	.004	134.16		.29
OTHER OUTPATIENT	139	228		7,467.78	32.75	.008	53.73		.27
INPATIENT VISITS	197	634		38,837.74	61.26	.023	197.15		1.38
HOSPITAL VISITS	171	523		26 , 107.68	49.92	.019	152.68		.93
CRITICAL CARE	16	83		11,795.87	142.12	.003	737.24		.42
SNF/ICF/TRANS IP CARE	24	28		934.19	33.36	.001	38.92		.03
OPHTHALMOLOGICAL SERVICES	37	44		1,738.89	39.52	.002	47.00		.06
EXAMINATIONS	37	44		1,738.89	39.52	.002	47.00		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	143	603		75,781.36	125.67	.021	529.94		2.69
PRINCIPAL SURGEON	93	125		61,312.70	490.50	.004	659.28		2.18
ASSISTANT SURGEON	17	17		2,983.61	175.51	.001	175.51		.11
ANESTHESIOLOGIST	49	461		11,485.05	24.91	.016	234.39		.41
OUTPATIENT SURGERY	267	620		43,049.05	69.43	.022	161.23		1.53
PRINCIPAL SURGEON	218	276		33,266.54	120.53	.010	152.60		1.18
ASSISTANT SURGEON	2	2		418.82	209.41	.000	209.41		.01
ANESTHESIOLOGIST	79	342		9,363.69	27.38	.012	118.53		.33
DIALYSIS	9	28		2,646.19	94.51	.001	294.02		.09
PATHOLOGY	284	648		5,357.46	8.27	.023	18.86		.19
RADIOLOGY	909	1,387		41,246.00	29.74	.049	45.38		1.47
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	49	99		1,128.90	11.40	.004	23.04		.04
OTHER SERVICES/ALL X-OVERS	1,520	4,448		69,286.57	15.58	.158	45.58		2.46
@PHARMACY	10,312	64,469	\$	2,473,322.89	\$ 38.36	2.291 \$	239.85	\$	87.88
PRESCRIPTION DRUGS	10,187	34,723		2,388,251.59	68.78	1.234	234.44		84.86
SNF/ICF	53	386		32,544.03	84.31	.014	614.04		1.16
OUTPATIENTS	10,138	34,337		2,355,707.56	68.61	1.220	232.36		83.70
MEDICAL SUPPLIES	885	29,746		85,071.30	2.86	1.057	96.13		3.02
@DENTIST	1,319	6,150	\$	230,301.08	\$ 37.45	.219 \$		\$	8.18
VISITS - DIAGNOSTIC	925	4,023		63,186.15	15.71	.143	68.31		2.25
ORAL SURGERY	159	334		20,102.75	60.19	.012	126.43		.71
				·					

DRUGS	22	23		568.75		24.73	.001		25.85		.02
ANESTHESIA	23	23		2,000.00		86.96	.001		86.96		.07
PERIODONTICS	48	54		8,275.00	1	53.24	.002		172.40		.29
ENDODONTICS	78	136		21,372.50	1	57.15	.005		274.01		.76
RESTORATIVE DENTISTRY	440	1,331		89,350.75		67.13	.047		203.07		3.17
PROSTHETICS	3	3		100.00		33.33	.000		33.33		.00
DENTURES, STAYPLATES	56	156		20,071.68	1	28.66	.006		358.42		.71
SPACE MAINTAINERS	5	6		600.00	1	.00.00	.000		120.00		.02
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000		50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	34	46		4,372.50		95.05	.002		128.60		.16
ALL OTHER SERVICES	11	13		201.00		15.46	.000		18.27		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	PORT E	OR JAN	2002 THRU	DEC	2002	P.	AGE 10,426
MOP024	FEE-FOR-SERVICE	J/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS:	ISTANCE							
							M	ONT	HLY AVERA	GE ·	
28,144 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER <i>A</i>	GE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				NIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	298	930	\$	20,969.76	\$	22.55	.033	\$	70.37	\$.75
DIAGNOSTIC AND ANC. PROCED	193	199		9,156.11		46.01	.007		47.44		.33
EYE APPLIANCES	254	727		11,689.58		16.08	.026		46.02		.42
OTHER OPTOMETRIC SERVICES	3	4		124.07		31.02	.000		41.36		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	84	188	\$	2,785.50	\$	14.82	.007	\$	33.16	\$.10
MEDICINE/INJECTIONS	30	41		987.99		24.10	.001		32.93		.04
SURGERY/ANES.	3	3		99.04		33.01	.000		33.01		.00
RADIO./PATHOLOGY	5	6		86.51		14.42	.000		17.30		.00
OTHER	53	138		1,611.96		11.68	.005		30.41		.06
@HOME HEALTH AGENCY	50	314	\$	22 , 757.05	\$	72.47	.011		455.14		.81
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	13.70	\$	13.70	.000	•		.00
FAMILY NURSE PRACTITIONER	1	2	Ś	33.56	\$	16.78	.000			.00
@TOTAL HOSPITAL	3,300	14,561	Ś	1,629,395.89	\$.517			57.89
HOSP INPATIENT TOTAL	271	1,343		1,289,415.45	'	960.10	.048	4757.99		45.81
HSC HOSPITALS	56	345		472,145.01		1368.54	.012	8431.16		16.78
NON-HSC HOSPITAL TOTAL	120	506		728,421.56		1439.57	.018	6070.18		25.88
ACCOMMODATIONS	118	506		245,638.95		485.45	.018	2081.69		8.73
ADMINISTRATIVE DAYS	3	119		27,541.87		231.44	.004	9180.62		.98
TRANSITIONAL IP CARE	0	0		75.51		.00	.000	.00		.00
ALL OTHER ACCOM	115	387		218,021.57		563.36	.014	1895.84		7.75
ANCILLARIES	120	0		482,782.61		.00	.000	4023.19		17.15
INPATIENT CROSSOVERS	103	492		88,848.88		180.59	.017	862.61		3.16
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3,137	13,218		339,980.44		25.72	.470	108.38		12.08
MEDICAL	389	496		19,676.32		39.67	.018	50.58		.70
SURGERY	118	127		8,594.37		67.67	.005	72.83		.31
PATHOLOGY	1,251	5,492		60,949.31		11.10	.195	48.72		2.17
RADIOLOGY	721	1,023		74,436.48		72.76	.036	103.24		2.64
ROOM USE	1,275	1,775		78,157.10		44.03	.063	61.30		2.78
CROSSOVERS/ALL OTH OUTPTNT	1,551	4,305		98,166.86		22.80	.153	63.29		3.49
@COUNTY HOSPITAL TOTAL	218	921	\$	272,405.35	\$	295.77	.033	\$ 1249.57	\$	9.68
CO HOSPITAL INPATIENT TOTAL	13	243		248,923.45		1024.38	.009	19147.96		8.84
HSC HOSPITALS	13	124		162,193.01		1308.01	.004	12476.39		5.76
NON-HSC HOSPITALS TOTAL	3	119		86,730.44		728.83	.004	28910.15		3.08
ACCOMMODATIONS	3	119		27,524.70		231.30	.004	9174.90		.98
ADMINISTRATIVE DAYS	3	119		27,524.70		231.30	.004	9174.90		.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	3	0		59,205.74		.00	.000	19735.25		2.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	206	678		23,481.90		34.63	.024	113.99		.83
MEDICAL	50	61		3,127.62		51.27	.002	62.55		.11
SURGERY	8	9		543.89		60.43	.000	67.99		.02
PATHOLOGY	56	226		2,175.50		9.63	.008	38.85		.08
RADIOLOGY	16	19		2,005.95		105.58	.001	125.37		.07
ROOM USE	133	170		6,569.51		38.64	.006	49.39		.23
CROSSOVERS/ALL OTH OUTPTNT		193		9,059.43		46.94	.007	135.22		.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JRES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	P.	AGE 10,427
MOP024	FEE-FOR-SERVICE/DEN	ΓAL								01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	ITHLY AVERA	GE
28,144 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,140	13,640	\$	1,356,990.54	\$ 99.49	.485	\$ 432.16	\$ 48.22
COMM HOSP INPATIENT TOTAL	261	1,100		1,040,492.00	945.90	.039	3986.56	36.97
HSC HOSPITALS	43	221		309,952.00	1402.50	.008	7208.19	11.01
NON-HSC HOSPITALS TOTAL	117	387		641,691.12	1658.12	.014	5484.54	22.80
ACCOMMODATIONS	115	387		218,114.25	563.60	.014	1896.65	7.75
ADMINISTRATIVE DAYS	0	0		17.17	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.00
ALL OTHER ACCOM	115	387		218,021.57	563.36	.014	1895.84	7.75
ANCILLARIES	117	0		423,576.87	.00	.000	3620.32	15.05
INPATIENT CROSSOVERS	103	492		88,848.88	180.59	.017	862.61	3.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,977	12,540		316,498.54		25.24	.446		106.31		11.25
MEDICAL	345	435		16,548.70		38.04	.015		47.97		.59
SURGERY	110	118		8,050.48		68.22	.004		73.19		.29
PATHOLOGY	1,201	5,266		58,773.81		11.16	.187		48.94		2.09
RADIOLOGY	709	1,004		72,430.53		72.14	.036		102.16		2.57
ROOM USE	1,166	1,605		71,587.59		44.60	.057		61.40		2.54
CROSSOVERS/ALL OTH OUTPINT		4,112		89,107.43		21.67	.146		59.72		3.17
	1,492	4,112	\$.00	\$.00		\$.00	<u>~</u>	.00
@STATE HOSPITAL	0		Ą		Ą			Ą		Ą	
MENTALLY ILL	-	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	80	1,746	\$	370,489.80	\$	212.19		Ş	4631.12	Ş	13.16
LEV A-INTERMEDIATE	2	101		8,546.62		84.62	.004		4273.31		.30
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	78	1,645		361,943.18		220.03	.058		4640.30		12.86
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	74	1,312	\$	78,659.77	\$	59.95		Ś	1062.97	Ś	2.79
HOSPITAL BASED	1	20	7	6,043.12	-T	302.16	.001	4	6043.12	- T	.21
HEMODIALYSIS CENTER	73	1,292		72,616.65		56.20	.046		994.75		2.58
@REHABILITATION FACILITY	10	17	\$	1,612.22	\$	94.84	.001	Ċ	161.22	Ċ	.06
HOSPITAL BASED	10	17	Y	1,612.22	Y	94.84	.001	Y	161.22	Y	.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	495		\$		Ċ	17.18		ċ	48.51	Ċ	
@LABORATORY FACILITY		1,398	ş	24,014.77	\$.050	Ş		Þ	.85
PATHOLOGY	489	1,383		23,825.25		17.23	.049		48.72		.85
XO AND OTHERS	6	15	_	189.52	_	12.63	.001	_	31.59	_	.01
@ORGANIZED OUTPATIENT CLINIC	3,395	5,161	\$	415,724.37	\$	80.55	.183	Ş	122.45	Ş	14.77
CLINIC	111	427		11,454.29		26.83	.015		103.19		.41
SURGICENTER	3	9		1,019.55		113.28	.000		339.85		.04
HEROIN DETOX CLINIC	2	32		371.62		11.61	.001		185.81		.01
RURAL HEALTH CLINIC	3 , 299	4,693		402,878.91		85.85	.167		122.12		14.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 10,428
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	: ASSI	STANCE							
							M	ONT	HLY AVERA	.GE	
28,144 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,484	190,911	\$	335,534.93	\$	1.76	6.783	\$	226.10	\$	11.92
DURABLE MED. EQUIP.	134	612		93,406.21		152.62	.022		697.06		3.32
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	11	23		3,283.10		142.74	.001		298.46		.12
MEDICAL TRANSPORTATION	221	4,273		52,824.98		12.36	.152		239.03		1.88
AMBULANCES/AIR TRANS	132	2,247		27,075.82		12.05	.080		205.12		.96
OTHER TRANS	15	1,122		4,974.12		4.43	.040		331.61		.18
	85	904		20,775.04		22.98	.032		244.41		.74
OTHER SERVICES	85 6	18				18.02	.032				.74
ACUPUNCTURE	-			324.39					54.07		
ADULT DAY HEALTH CARE CTR	16	179		11,968.07		66.86	.006		748.00		.43

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PHYSICAL THERAPIST

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP

28

21

0

333

1

28

0

760

1

2,272

1,894.00

68,512.04

8,178.24

.00

88.69

67.64

30.15

10.76

88.69

.00

67.64

.00

24.56

88.69

3262.48

.001

.081

.000

.027

.000

.07

2.43

.00

.29

.00

PORTABLE X-RAY	2	2	1.30	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	7	41	4,412.38	107.62	.001	630.34	.16
PROSTHETICS	7	40	4,323.69	108.09	.001	617.67	.15
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	4	24	1,505.02	62.71	.001	376.26	.05
SPEECH AND AUDIOLOGY	31	71	9,481.28	133.54	.003	305.85	.34
HOSPICE SERVICES	6	185	21,557.49	116.53	.007	3592.92	.77
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	213	979	7,646.11	7.81	.035	35.90	.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	547	181,443	50,451.63	.28	6.447	92.23	1.79
@CALIF. CHILDREN SERVICES*	210	3,336	\$ 408,939.80	\$ 122.58	.119	\$ 1947.33	\$ 14.53
@XOVER EXCLUDING STATE HOSP**	2,053	19,477	\$ 344,320.79	\$ 17.68	.692	\$ 167.72	\$ 12.23

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,429
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

DAN DENTIO COUNTI	DOMMANT OF DEN	VICES FOR MN NO SOC	AGED	AID CODE IT III	10		
						ITHLY AVERA	
1,946 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,517	13 , 752 \$	775 , 636.47	\$ 56.40	7.067	511.30	\$ 398.58
@PHYSICIANS SERVICES	369	1 , 797 \$	35 , 358.49		.923	95.82	\$ 18.17
OUTPATIENT VISITS	71	109	4,792.68	43.97	.056	67.50	2.46
OFFICE VISITS	54	74	2,776.66	37.52	.038	51.42	1.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	27	1,814.10	67.19	.014	86.39	.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	8	201.92	25.24	.004	40.38	.10
INPATIENT VISITS	8	13	828.15	63.70	.007	103.52	.43
HOSPITAL VISITS	6	10	524.15	52.42	.005	87.36	.27
CRITICAL CARE	2	3	304.00	101.33	.002	152.00	.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	8	344.83	43.10	.004	68.97	.18
EXAMINATIONS	5	8	344.83	43.10	.004	68.97	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	38	4,632.04	121.90	.020	661.72	2.38
PRINCIPAL SURGEON	5	7	3,499.59	499.94	.004	699.92	1.80
ASSISTANT SURGEON	1	1	268.03	268.03	.001	268.03	.14
ANESTHESIOLOGIST	4	30	864.42	28.81	.015	216.11	.44
OUTPATIENT SURGERY	11	49	3,923.94	80.08	.025	356.72	2.02
PRINCIPAL SURGEON	9	10	3,036.84	303.68	.005	337.43	1.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	39	887.10	22.75	.020	177.42	.46
DIALYSIS	7	39	1,938.68	49.71	.020	276.95	1.00
PATHOLOGY	16	41	915.13	22.32	.021	57.20	.47
RADIOLOGY	62	143	5,336.61	37.32	.073	86.07	2.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	16	279.94	17.50	.008	93.31	.14
OTHER SERVICES/ALL X-OVERS	276	1,341	12,366.49	9.22	.689	44.81	6.35
@PHARMACY	1,293	7,424 \$		\$ 45.46	3.815		
PRESCRIPTION DRUGS	1,269	5,030	325,294.03	64.67	2.585	256.34	167.16
	•	•	•				

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	28	183	12,604.75	68.88	.094	450.17	6.48
OUTPATIENTS	1,243	4,847	312,689.28	64.51	2.491	251.56	160.68
MEDICAL SUPPLIES	183	2,394	12,182.37	5.09	1.230	66.57	6.26
@DENTIST	77	345 \$	19,397.36	\$ 56.22	.177	\$ 251.91	\$ 9.97
VISITS - DIAGNOSTIC	51	208	2,938.36	14.13	.107	57.61	1.51
ORAL SURGERY	19	40	1,941.00	48.53	.021	102.16	1.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.05
PERIODONTICS	7	9	1,000.00	111.11	.005	142.86	.51
ENDODONTICS	8	21	4,570.00	217.62	.011	571.25	2.35
RESTORATIVE DENTISTRY	19	43	4,865.00	113.14	.022	256.05	2.50
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.03
DENTURES, STAYPLATES	7	22	3,933.00	178.77	.011	561.86	2.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,430
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO S	OC - AGED	AID CODE 14 1	H 1U		
					M	ONTHLY AVERA	GE
1,946 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE

4 046			_					THLY AVERA	GE	
1,946 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST		COST PER		COST PER
_		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	33	108	\$	2,369.05	\$	21.94	.055	\$ 71.79	\$	
DIAGNOSTIC AND ANC. PROCED	16	16		759.12		47.45	.008	47.45		.39
EYE APPLIANCES	32	92		1,609.93		17.50	.047	50.31		.83
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	9	18	\$	142.81	\$	7.93	.009	\$ 15.87	\$.07
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	9	18		142.81		7.93	.009	15.87		.07
@HOME HEALTH AGENCY	7	20	\$	1,293.10	\$	64.66	.010	\$ 184.73	\$.66
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	234	917	\$	113,377.18	\$	123.64	.471	\$ 484.52	\$	58.26
HOSP INPATIENT TOTAL	27	115		90,469.04		786.69	.059	3350.71		46.49
HSC HOSPITALS	3	15		13,095.00		873.00	.008	4365.00		6.73
NON-HSC HOSPITAL TOTAL	8	27		64,503.59		2389.02	.014	8062.95		33.15
ACCOMMODATIONS	8	27		23,063.37		854.20	.014	2882.92		11.85
ADMINISTRATIVE DAYS	0	0		30.78CF	3	.00	.000	.00		.02CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	8	27		23,094.15		855.34	.014	2886.77		11.87
ANCILLARIES	8	0		41,440.22		.00	.000	5180.03		21.30
INPATIENT CROSSOVERS	16	73		12,870.45		176.31	.038	804.40		6.61
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	220	802		22,908.14		28.56	.412	104.13		11.77
MEDICAL	14	19		878.74		46.25	.010	62.77		.45
SURGERY	7	8		776.95		97.12	.004	110.99		.40
PATHOLOGY	49	160		2,083.66		13.02	.082	42.52		1.07
	-			,			–	—		

RADIOLOGY	28	45	3,624.08	80.54	.023	129.43	1.86
ROOM USE	23	39	1,431.35	36.70	.020	62.23	.74
CROSSOVERS/ALL OTH OUTPINT	175	531	14,113.36	26.58	.273	80.65	7.25
@COUNTY HOSPITAL TOTAL	9	32 \$	1,364.35	\$ 42.64	.016 \$	151.59	\$.70
CO HOSPITAL INPATIENT TOTAL	1	6	812.00	135.33	.003	812.00	.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	812.00	135.33	.003	812.00	.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	26	552.35	21.24	.013	69.04	.28
MEDICAL	1	2	124.48	62.24	.001	124.48	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	82.29	11.76	.004	41.15	.04
RADIOLOGY	1	1	23.47	23.47	.001	23.47	.01
ROOM USE	6	9	224.03	24.89	.005	37.34	.12
CROSSOVERS/ALL OTH OUTPINT	4	7	98.08	14.01	.004	24.52	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MC	NTH-OF-PAYMENT I	REPORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 10,431
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED	AID CODE 14 1H	1U		
					MONT	THLY AVERAG	
1,946 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	226	885 \$	112,012.83	\$ 126.57	.455 \$	495.63	\$ 57.56
COMM HOSP INPATIENT TOTAL	26	109	89,657.04	822.54	.056	3448.35	46.07
HSC HOSPITALS	3	15	13,095.00		.008	4365.00	6.73
NON-HSC HOSPITALS TOTAL	8	27	64,503.59		.014	8062.95	33.15
ACCOMMODATIONS	8	27	23,063.37	854.20	.014	2882.92	11.85

ADMINISTRATIVE DAYS	0	0		30.780	D	.00	.000		.00		.02CR
	0				K						
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	27		23,094.15		855.34	.014		2886.77		11.87
ANCILLARIES	8	0		41,440.22		.00	.000		5180.03		21.30
INPATIENT CROSSOVERS	15	67		12,058.45		179.98	.034		803.90		6.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	213	776		22,355.79		28.81	.399		104.96		11.49
MEDICAL	13	17		754.26		44.37	.009		58.02		.39
SURGERY	7	8		776.95		97.12	.004		110.99		.40
PATHOLOGY	47	153		2,001.37		13.08	.079		42.58		1.03
RADIOLOGY	27	44		3,600.61		81.83	.023		133.36		1.85
	18	30				40.24					.62
ROOM USE				1,207.32			.015		67.07		
CROSSOVERS/ALL OTH OUTPINT		524		14,015.28		26.75	.269		81.96		7.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	866	\$	187,350.83	\$	216.34	.445	\$	5854.71	\$	96.27
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	3	75		29,818.55		397.58	.039		9939.52		15.32
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	791		157,532.28		199.16	.406		5081.69		80.95
@INTERMEDIATE CARE FACILDD	0	0	\$	•	\$.00		\$		ċ	
•	-		Ą	.00	Ą		.000	Ş	.00	Ą	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	42	986	\$	50,155.35	\$	50.87	.507	\$	1194.18	\$	25.77
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	42	986		50,155.35		50.87	.507		1194.18		25.77
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	23	121	\$	1,405.77	\$	11.62	.062	Ś	61.12	Ś	.72
PATHOLOGY	22	119	Υ	1,378.17	Y	11.58	.061	Ψ	62.64	۲	.71
XO AND OTHERS	1	2		27.60		13.80	.001		27.60		.01
	157	269	\$		\$	60.46		\$	103.59	ċ	
@ORGANIZED OUTPATIENT CLINIC	137		Ą	16,263.21	Ą			Ş		Ą	8.36
CLINIC	_	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	157	269		16,263.21		60.46	.138		103.59		8.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2002 THRU	DEC	2002	Ρž	AGE 10,432
MOP024	FEE-FOR-SERVICE	L/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	- AGED	AID (CODE 14 1H	1U				
							M	ONT	HLY AVERA	GE ·	
1,946 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
•		OR DAYS OF CAR				R UNIT/DAY			USER]	ELIGIBLE
@ALL OTHER PROVIDERS	137	881	\$	11,046.92	\$	12.54	.453		80.63		5.68
DURABLE MED. EQUIP.	3	3	-T	194.31	т.	64.77	.002	т.	64.77	7	.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	21	233		1,877.78		8.06	.120		89.42		.96
AMBULANCES/AIR TRANS	4	25		578.07		23.12	.013		144.52		.30
OTHER TRANS	1	3		18.82		6.27	.002		18.82		.01
OTHER SERVICES	16	205		1,280.89		6.25	.105		80.06		.66
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	87	1,120.10	12.87	.045	27.32	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	14	2,006.27	143.31	.007	334.38	1.03
HOSPICE SERVICES	1	30	3,241.20	108.04	.015	3241.20	1.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	75	514	2,607.26	5.07	.264	34.76	1.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	424	4,214	\$ 76,920.48	\$ 18.25	2.165	\$ 181.42	\$ 39.53

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,433 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERAG	Ξ
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	113 \$	4,893.51	\$ 43.31	28.250 \$	543.72	\$ 1223.38
@PHYSICIANS SERVICES	4	6 \$	119.10	\$ 19.85	1.500 \$	29.78	\$ 29.78
OUTPATIENT VISITS	1	1	44.60	44.60	.250	44.60	11.15
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.250	44.60	11.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	74.50	14.90	1.250	24.83	18.63
@ PHARMACY	8	40 \$	1,996.72	\$ 49.92	10.000	\$ 249.59	\$ 499.18
PRESCRIPTION DRUGS	8	40	1,996.72	49.92	10.000	249.59	499.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	40	1,996.72	49.92	10.000	249.59	499.18
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 10,434

AID CODE 24

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----- MONTHLY AVERAGE -----

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

MOP024

SAN BENITO COUNTY

TRANSITIONAL IP CARE

ALL OTHER ACCOM

ANCILLARIES

04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$.00 .00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 \$ FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 28.57 @TOTAL HOSPITAL 142.86 1.250 47.62 35.72 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS

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INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		142.86	28.57	1.250	47.62	35.72
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		32.64	32.64	.250	32.64	8.16
CROSSOVERS/ALL OTH OUTPINT	3	4		110.22	27.56	1.000	36.74	27.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OF	-PAYMENT RE	PORT FOR JAN	2002 THRU D	DEC 2002	PAGE 10,435
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	MN - NO	SOC - BLIN	1D	AID CODE	24		
						MC	NTHLY AVERA	GE

----- MONTHLY AVERAGE -----04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5 142.86 28.57 1.250 \$ 47.62 \$ 35.72 @COMMUNITY HOSPITAL TOTAL .00 .00 .000 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 142.86 28.57 1.250 47.62 35.72 .00 .00 .000 .00 .00 MEDICAL .00 SURGERY .00 .000 .00 .00 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 32.64 32.64 .250 ROOM USE 32.64 8.16 CROSSOVERS/ALL OTH OUTPTNT 110.22 27.56 1.000 36.74 27.56 0 .00 .00 \$.00 .000 \$.00 @STATE HOSPITAL .00 .00 .00 .000 .00 MENTALLY ILL DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00

LEV B-REHAB MD	0		0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0		0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00)	.00	.000		.00		.00
ICF DD	0		0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4		5	\$	2,164.46	5 \$	432.89	1.250	\$	541.12	\$	541.12
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	4		5		2,164.46	5	432.89	1.250		541.12		541.12
@REHABILITATION FACILITY	0		0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00)	.00	.000		.00		.00
XO AND OTHERS	0		0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		1	\$	77.93	3 \$	77.93	.250	\$	77.93	\$	19.48
CLINIC	0		0		.00)	.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	1		1		77.93	3	77.93	.250		77.93		19.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXP	ENDITUR	ES MO	NTH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 10,436
MOP024	FEE-FOR-SERVICE/DENT	AL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR	MN - NO	SOC	- BLIND		AID CODE	24				
								M	IONT	HLY AVERA	GE.	
04 ELIGIBLES	USERS UNIT	S OF	SERVICE		EXPENDITURES	3 A	VERAGE COST	UNITS/DAY	S	COST PER	(COST PER
	OR 1	DAYS	OF CARE			Pl	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1		56	\$	392.44		7.01	14.000		392.44	\$	98.11
DUDABLE MED EQUIED	0		^		0.0	`	0.0	000		0.0		0.0

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HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	56		392.44	7.01	14.000	392.44	98.11	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	5	13	\$	2,345.93	\$ 180.46	3.250	\$ 469.19	\$ 586.48	
0* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARATE	INFORMATION	ITEM ONLY;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,437 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

em benile counti	DOILIMING OF DELIC	VIOLO ION IN NO DOO	DIDINDED OI	00 011 00 01 011	00		
					MOI	NTHLY AVERA	GE
575 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	529	8 , 992 \$	623,820.01	\$ 69.38	15.638	\$ 1179.24	\$ 1084.90
@PHYSICIANS SERVICES	178	1,451 \$	41,381.21	\$ 28.52	2.523	\$ 232.48	\$ 71.97
OUTPATIENT VISITS	63	110	5 , 797.70	52.71	.191	92.03	10.08
OFFICE VISITS	22	35	1,292.32	36.92	.061	58.74	2.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	63	4,192.55	66.55	.110	110.33	7.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	12	312.83	26.07	.021	28.44	.54
INPATIENT VISITS	26	120	6,045.25	50.38	.209	232.51	10.51
HOSPITAL VISITS	25	114	5,398.33	47.35	.198	215.93	9.39
CRITICAL CARE	1	4	591.92	147.98	.007	591.92	1.03
SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.003	55.00	.10
OPHTHALMOLOGICAL SERVICES	5	5	206.39	41.28	.009	41.28	.36
EXAMINATIONS	5	5	206.39	41.28	.009	41.28	.36
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	38	4,336.73	114.12	.066	361.39	7.54
PRINCIPAL SURGEON	9	11	3 , 419.53	310.87	.019	379.95	5.95
ASSISTANT SURGEON	1	1	91.59	91.59	.002	91.59	.16
ANESTHESIOLOGIST	5	26	825.61	31.75	.045	165.12	1.44

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON 18 24 5,201.23 216.72 .042 288.96 9.05 ASSISANT SURGEON 1 1 1 122.86 122.86 .002 122.86 21 ANESTHESIOLOGIST 3 3 31 674.71 21.76 .054 224.90 1.17 DIALYSIS 17 122 5,262.74 43.14 .212 309.57 9.15 PATHOLOGY 15 99 415.11 4.19 .172 27.67 7.72 RADIOLOGY 49 99 2,562.74 43.14 .19 .172 27.67 7.72 RADIOLOGY 49 99 2,569.29 29.99 .172 60.60 5.16 PSYCHIATRY 1 1 1 43.42 43.42 .002 43.42 .08 IMMUNIZATION AND INJECTION 5 6 221.14 36.86 .010 44.23 .38 OTHER SERVICES/ALL X-OVERS 105 795 10,084.64 12.69 1.383 96.04 17.54 PHARMACY 404 2,545 \$ 214,906.75 \$ 84.44 4.426 \$ 531.95 \$ 373.75 PRESCRIPTION DRUCS 398 2.029 208,656.10 102.84 3.529 524.26 362.88 SNF/ICF 14 83 2.594.41 31.26 .144 185.32 4.51 OUTPATIENTS 386 1,946 206.061.69 105.89 3.384 538.84 BEDICAL SUPPLIES 58 58 516 6.250.65 12.11 8.897 107.77 10.87 BEDICAL SUPPLIES 58 58 516 6.250.65 12.11 8.897 107.77 10.87 BEDICAL SUPPLIES 59 1.738.00 19.53 .155 66.85 3.02 ORAL SURGERY 4 30 1.603.00 53.43 .052 400.75 2.79 DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	19	56		5,998.80		107.12	.097		315.73		10.43
ASSISTANT SURGEON 1 1 1 1 122.86 122.86 .002 122.86 .21 ANESTHESIOLOGIST 3 3 31 674.71 21.76 .054 224.90 1.17 DIALYSIS 17 122 5,262.74 43.14 .212 309.57 9.15 PATHOLOGY 15 99 415.11 4.19 .172 27.67 .72 RADIOLOGY 49 99 2,969.29 29.99 .172 60.60 5.16 PSYCHIATRY 1 1 1 43.42 43.42 .002 43.42 .08 HMUNITARION AND INJECTION 5 6 221.14 36.86 .010 44.23 .38 OTHER SERVICES/ALL X-OVERS 105 795 10,084.64 12.69 1.383 96.04 17.54 PRESCRIPTION DRUGS 398 2,029 208,656.10 102.84 3.529 521.26 362.88 SNF/ICF 1 4 83 2,994.41 31.26 1.14 185.32 4.51 OUTPATIENTS 386 1,946 206,061.69 105.89 3.384 358.37 MEDICAL SUPPLIES 58 516 6,250.65 12.11 .897 107.77 10.87 VISITS - DIAGNOSTIC 26 89 1,738.00 5.181 .287 \$203.52 \$14.87 VISITS - DIAGNOSTIC 26 89 1,738.00 5.181 .287 \$203.52 \$14.87 DRUGS 0AL SURGERY 4 4 30 1,603.00 53.43 .052 400.75 \$2.79 DRUGS 0A 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 1 10.00 10.00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 1 10.00 10.00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 1 10.00 10.00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 1 1 .00 .00 10.00 .00 .00 .00 .00 .					•							
AMESTHESIOLOGIST 3 3 31 6,74.71 21.76 .054 224.90 1.17 DIALYSIS 17 122 5,66.74 43.14 .212 309.57 9.15 PATHOLOGY 15 99 415.11 4.19 .172 27.67 .72 RADIOLOGY 49 99 2,969.29 29.99 1.72 60.60 5.16 PAYCHIATRY 1 1 1 43.42 43.42 .002 43.42 .008 IMMUNIZATION AND INJECTION 5 6 221.14 36.86 .010 44.23 .38 OTHER SERVICES/ALL X-OVERS 105 795 10,084.64 12.69 1.383 96.04 17.54 8PHARMACY 404 2,545 \$ 214,906.75 \$ 84.44 4.26 \$ 531.95 \$ 373.75 PRESCRIPTION DRUGS 398 2,029 286,656.10 102.84 3.529 524.26 362.88 SNF/ICF 14 83 2,554 1 31.26 .144 185.32 4.51 OUTPATIENTS 386 1,946 206,061.69 105.89 3.384 533.84 358.37 MDICAL SUPPLIES 58 516 6,250.65 12.11 .897 107.77 10.87 8DENTIST 42 165 \$ 8,548.00 \$ 51.81 .287 \$ 203.52 \$ 14.87 VISITS - DIAGNOSTIC 26 89 1,738.00 19.53 .155 66.85 3.02 ORAL SURGERY 4 30 1,603.00 53.43 .052 400.75 2.79 DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1			•							
DIALYSIS		3										
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RADIOLOGY 49 99 2,969.29 29.99 1.72 60.60 5.16 PSYCHIATRY 1 1 1 43.42 43.42 1.002 43.42 1.08 1.08 1.00												
PSYCHIATRY												
MIMUNIZARION AND INJECTION 5		1	1									
OTHER SERVICES/ALL X-OVERS		± 5	6									
### REPHARMACY ### A 404												
PRESCRIPTION DRUGS 398 2,029 208,656.10 102.84 3.529 524.26 362.88 SNF/ICF 14 83 2,594.41 31.26 1.144 185.32 4.51 OUTPATIENTS 386 1,946 206,061.69 105.89 3.384 533.84 358.37 MEDICAL SUPPLIES 58 516 6,250.65 12.11 897 107.77 10.87 PARTICLES 126 89 1,738.00 19.53 1.55 66.85 3.02 ORAL SURGERY 42 165 \$ 8,548.00 \$ 51.81 .287 \$ 203.52 \$ 14.87 VISITS - DIAGNOSTIC 26 89 1,738.00 19.53 1.55 66.85 3.02 ORAL SURGERY 44 30 1,603.00 53.43 .052 400.75 2.79 DRUGS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .002 100.00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .002 100.00 .17 PERIODONTICS 2 3 3 400.00 133.33 .005 200.00 .70 ENDODONTICS 3 3 3 735.00 245.00 .005 245.00 .70 ENSTORATIVE DENTISTRY 15 37 3,907.00 105.59 .064 260.47 6.79 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 1 1 1 65.00 65.00 .00 .00 .00 .00 .00 ENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0				¢		Ġ			Ś		Ś	
SNF/ICF	•		•	Y	•	۲			٧		Y	
OUTPATIENTS 386 1,946 206,061.69 105.89 3.384 533.84 358.37 MEDICAL SUPPLIES 58 516 6,250.65 12.11 .897 107.77 10.87 QDENTIST 42 165 \$ 8,548.00 \$ 51.81 .287 \$ 203.52 \$ 14.87 VISITS - DIAGNOSTIC 26 89 1,738.00 19.53 .155 66.85 3.02 ORAL SURGERY 4 30 1,603.00 53.43 .052 400.75 2.79 DRUGS 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .002 100.00 .17 PERIODONTICS 2 3 400.00 133.33 .005 245.00 .05 245.00 .128 RESTORATIVE DENTISTRY 15 37 3,907.00 105.59 .064 260.47 6.79 PROSTHETICS 0 0 .00												
MEDICAL SUPPLIES 58 516 6,250.65 12.11 .897 107.77 10.87 @DENTIST 42 165 \$ 8,548.00 \$ 51.81 .287 \$ 203.52 \$ 14.87 VISITS - DIAGNOSTIC 26 89 1,738.00 19.53 .155 66.85 3.02 ORAL SURGERY 4 30 1,603.00 53.43 .052 400.75 2.79 DRUGS 0 0 .00 .00 .00 .00 .00 .00 AMESTHESIA 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 2 3 400.00 133.33 .005 245.00 .05 .245.00 .128 RESTORATIVE DENTISTRY 15 37 3,907.00 105.59 .064 260.47 6.79 9 9 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
#CALIF DEPT OF HEALTH SERV QDENTIST			•		•							
VISITS - DIAGNOSTIC 26 89 1,738.00 19.53 .155 66.85 3.02 ORAL SURGERY 4 30 1,603.00 53.43 .052 400.75 2.79 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00				Ġ	•	ς			Ś		Ś	
ORAL SURGERY 4 30 1,603.00 53.43 .052 400.75 2.79 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .002 100.00 .17 PERIODONTICS 2 3 400.00 133.33 .005 200.00 .70 ENDODONTICS 3 3 400.00 133.33 .005 200.00 .70 ENDODONTICS 3 3 3 735.00 245.00 .005 245.00 1.28 RESTORATIVE DENTISTRY 15 37 3,907.00 105.59 .064 260.47 6.79 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 1 1 1 65.00 65.00 .002 65.00 .11 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 1 .00 .00 .00 .00 .00 .00 #CALL THE SERVICES 2 1 1 .00 .00 .00 .00 .00 .00 #CALL THE SERVICES 3 2 1	-			٧		۲			۲		Υ	
DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
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PERIODONTICS 2 3 400.00 133.33 .005 200.00 .70 ENDODONTICS 3 3 735.00 245.00 .005 245.00 1.28 RESTORATIVE DENTISTRY 15 37 3,907.00 105.59 .064 260.47 6.79 PROSTHETICS 0 0 .00		1	1									
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RESTORATIVE DENTISTRY 15 37 3,907.00 105.59 .064 260.47 6.79 PROSTHETICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3	3									
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 1 1 65.00 65.00 .002 65.00 .11 SPACE MAINTAINERS 0 0 .00 <t< td=""><td></td><td>15</td><td>37</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		15	37									
DENTURES, STAYPLATES 1 1 1 65.00 65.00 .002 65.00 .11 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .000 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,438 MOP024 FEE-FOR-SERVICE/DENTAL												
SPACE MAINTAINERS 0 0 .00 <		1	1									
MAXILLOFACIAL SERVICES 0 0 .00	•	0	0									
FRACTURES, DISLOCATIONS 0 0 .00		0	0									
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	•	0	0									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,438 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03		2	1									
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03		MEDI-CAL SERVICES AND	EXPENDITI	IRES M		EPOR'			DEC		Р	
											-	•
DO AO VO OO HO DO FO LENGALA SOC ON NEL AOLGENIA TO LAMENOG LENGOS OLIMBA NAG	SAN BENITO COUNTY			10 SOC	- DISABLED 64	6G 6	H 6U 6V 62	ζ 8G				, ,

DIN BENITO COUNTI	COLUMNATION OF CEL	WIODD ION	1111	0 500	DIGITEDED 0	1 00	011 00 01 011	00				
								M	ON:	THLY AVERA	.GE	
575 ELIGIBLES	USERS	UNITS OF	SERVIC:	E	EXPENDITURES	S A	VERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	E		P	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16		57	\$	1,246.69	9 \$	21.87	.099	\$	77.92	\$	2.17
DIAGNOSTIC AND ANC. PROCED	10		10		474.50	0	47.45	.017		47.45		.83
EYE APPLIANCES	16		47		772.19	9	16.43	.082		48.26		1.34
OTHER OPTOMETRIC SERVICES	0		0		.00	0	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
VISITS	0		0		.00	0	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	0	.00	.000		.00		.00
@PODIATRIST	4		6	\$	217.83	3 \$	36.31	.010	\$	54.46	\$.38
MEDICINE/INJECTIONS	2		3		123.40	0	41.13	.005		61.70		.21
SURGERY/ANES.	0		0		.00	0	.00	.000		.00		.00
RADIO./PATHOLOGY	1		1		17.30	0	17.30	.002		17.30		.03
OTHER	2		2		77.13	3	38.57	.003		38.57		.13
@HOME HEALTH AGENCY	4		32	\$	2,350.7	9 \$	73.46	.056	\$	587.70	\$	4.09
NURSE ANESTHESIST	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	4		5	\$	122.40	0 \$	24.48	.009	\$	30.60	\$.21
FAMILY NURSE PRACTITIONER	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	155	1	,320	\$	196,081.98	8 \$	148.55	2.296	\$	1265.05	\$	341.01
HOSP INPATIENT TOTAL	19		127		170,456.1	4	1342.17	.221		8971.38		296.45
HSC HOSPITALS	10		74		83,820.00	0	1132.70	.129		8382.00		145.77

	_							
NON-HSC HOSPITAL TOTAL	5	35		83,408.14	2383.09	.061	16681.63	145.06
ACCOMMODATIONS	5	35		45,293.10	1294.09	.061	9058.62	78.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	35		45,293.10	1294.09	.061	9058.62	78.77
ANCILLARIES	5	0		38,115.04	.00	.000	7623.01	66.29
INPATIENT CROSSOVERS	4	18		3,228.00	179.33	.031	807.00	5.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	148	1,193		25,625.84	21.48	2.075	173.15	44.57
MEDICAL	26	53		1,413.11	26.66	.092	54.35	2.46
SURGERY	12	16		1,007.84	62.99	.028	83.99	1.75
PATHOLOGY	73	521		5,830.92	11.19	.906	79.88	10.14
RADIOLOGY	33	70		5,772.93	82.47	.122	174.94	10.04
ROOM USE	55	93		3,687.98	39.66	.162	67.05	6.41
CROSSOVERS/ALL OTH OUTPTNT	94	440		7,913.06	17.98	.765	84.18	13.76
@COUNTY HOSPITAL TOTAL	30	134	\$	2,201.07	\$ 16.43	.233	\$ 73.37	\$ 3.83
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	30	134		2,201.07	16.43	.233	73.37	3.83
MEDICAL	5	7		124.43	17.78	.012	24.89	.22
SURGERY	4	4		273.81	68.45	.007	68.45	.48
PATHOLOGY	4	25		128.49	5.14	.043	32.12	.22
RADIOLOGY	3	5		425.69	85.14	.009	141.90	.74
ROOM USE	12	16		526.62	32.91	.028	43.89	.92
CROSSOVERS/ALL OTH OUTPINT	19	77		722.03	9.38	.134	38.00	1.26
	MEDI-CAL SERVICES AN		RES M					PAGE 10,439
MOP024	FEE-FOR-SERVICE/DENT		11		22 02112 2 011 01111	2002 1111(0	220 2002	01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES) SOC	- DISABLED 64 6	SG 6H 6U 6V 6X	8G		01,1.700
	2222211 01 021111000						ONTHLY AVERA	GE

575 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE

OR DAYS OF CARE

PER UNIT/DAY PER ELIG. USER ELIGIBLE

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	1,186	\$ 193,880.91	\$ 163.47	2.063	\$ 1415.19	\$ 337.18
COMM HOSP INPATIENT TOTAL	19	127	170,456.14	1342.17	.221	8971.38	296.45
HSC HOSPITALS	10	74	83,820.00	1132.70	.129	8382.00	145.77
NON-HSC HOSPITALS TOTAL	5	35	83,408.14	2383.09	.061	16681.63	145.06
ACCOMMODATIONS	5	35	45,293.10	1294.09	.061	9058.62	78.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	35	45,293.10	1294.09	.061	9058.62	78.77
ANCILLARIES	5	0	38,115.04	.00	.000	7623.01	66.29
INPATIENT CROSSOVERS	4	18	3,228.00	179.33	.031	807.00	5.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	129	1,059	23,424.77	22.12	1.842	181.59	40.74
MEDICAL	21	46	1,288.68	28.01	.080	61.37	2.24
SURGERY	9	12	734.03	61.17	.021	81.56	1.28
PATHOLOGY	69	496	5,702.43	11.50	.863	82.64	9.92
RADIOLOGY	30	65	5,347.24	82.27	.113	178.24	9.30
ROOM USE	45	77	3,161.36	41.06	.134	70.25	5.50

CROSSOVERS/ALL OTH OUTPTNT	78	363		7,191.03		19.81	.631		92.19		12.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	350	\$	50,370.39	\$	143.92	.609	\$	3874.65	\$	87.60
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	350		50,370.39		143.92	.609		3874.65		87.60
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	39	2,151	\$	73,456.01	\$	34.15	3.741	\$	1883.49	\$	127.75
HOSPITAL BASED	2	42		5,882.06		140.05	.073		2941.03		10.23
HEMODIALYSIS CENTER	37	2,109		67,573.95		32.04	3.668		1826.32		117.52
@REHABILITATION FACILITY	6	31	\$	722.90	\$	23.32	.054	\$	120.48	\$	1.26
HOSPITAL BASED	6	31		722.90		23.32	.054		120.48		1.26
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	20	161	\$	1,788.88	\$	11.11	.280	\$	89.44	\$	3.11
PATHOLOGY	20	161		1,788.88		11.11	.280		89.44		3.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	83	124	\$	8,963.67	\$	72.29	.216	\$	108.00	\$	15.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	83	124		8,963.67		72.29	.216		108.00		15.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES M	IONTH-OF-PAYMENT R	REPOR!	r for jan	2002 THRU	DEC	2002	Р	AGE 10,440
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	/ICES FOR MN -	NO SOC	C - DISABLED 64	6G 61	H 6U 6V 6X	8G				
							M	ONT	HLY AVERA	.GE	
575 FLICIBLES	IISEBS	INTTS OF SERVE	CF	FADEMULLIBES	Z\ 7.71	TRACE COST	INTTO / DAY	S	COST PER		COST PER

				MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
63	594 \$	23,662.51	\$ 39.84	1.033	\$ 375.60	\$ 41.15
5	58	9,989.97	172.24	.101	1997.99	17.37
0	0	.00	.00	.000	.00	.00
4	12	1,190.93	99.24	.021	297.73	2.07
14	355	4,690.61	13.21	.617	335.04	8.16
11	333	4,421.53	13.28	.579	401.96	7.69
0	0	.00	.00	.000	.00	.00
3	22	269.08	12.23	.038	89.69	.47
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
17	38	442.04	11.63	.066	26.00	.77
1	1	1.39	1.39	.002	1.39	.00
0	0	.00	.00	.000	.00	.00
5	60	6,671.89	111.20	.104	1334.38	11.60
5	60	6,671.89	111.20	.104	1334.38	11.60
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	2	73.58	36.79	.003	73.58	.13
	63 5 0 4	OR DAYS OF CARE 63	OR DAYS OF CARE 63	OR DAYS OF CARE 63	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 63 594 \$ 23,662.51 \$ 39.84 1.033 1.033 5 58 9,989.97 172.24 .101 0 0 .00 .00 .000 4 12 1,190.93 99.24 .021 14 355 4,690.61 13.21 .617 11 333 4,421.53 13.28 .579 0 0 .00 .00 .00 3 22 269.08 12.23 .038 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 63 594 \$ 23,662.51 \$ 39.84 1.033 \$ 375.60 5 58 9,989.97 172.24 .101 1997.99 0 0 .00 .00 .000 .00 4 12 1,190.93 99.24 .021 297.73 14 355 4,690.61 13.21 .617 335.04 11 333 4,421.53 13.28 .579 401.96 0 0 .00 .00 .00 .00 3 22 269.08 12.23 .038 89.69 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00

HOSPICE SERVICES	Ω	0		.00	.00	.000	.00	.00
	O	0						
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	68		602.10	8.85	.118	33.45	1.05
@CALIF. CHILDREN SERVICES*	15	372	\$	58,032.55	\$ 156.00	.647	\$ 3868.84	\$ 100.93
@XOVER EXCLUDING STATE HOSP**	129	1,097	\$	27,941.27	\$ 25.47	1.908	\$ 216.60	\$ 48.59
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,441 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						MOI	NTHLY AVERA	GE
30,111 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12,421	60 , 225	\$	4,602,028.33	\$ 76.41	2.000	370.50	\$ 152.84
@PHYSICIANS SERVICES	4,337	10,095	\$	561,536.21	\$ 55.63	.335	129.48	\$ 18.65
OUTPATIENT VISITS	3,062	4,224		187,296.89	44.34	.140	61.17	6.22
OFFICE VISITS	1,898	2,451		86,657.52	35.36	.081	45.66	2.88
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1,036	1,225		62,356.08	50.90	.041	60.19	2.07
PREVENTIVE CARE	4	4		196.79	49.20	.000	49.20	.01
OB VISITS/COMPRE PERI	276	472		35,907.60	76.08	.016	130.10	1.19
OTHER OUTPATIENT	64	72		2,178.90	30.26	.002	34.05	.07
INPATIENT VISITS	237	750		64,764.78	86.35	.025	273.27	2.15
HOSPITAL VISITS	214	434		20,625.61	47.52	.014	96.38	.68
CRITICAL CARE	38	311		43,875.87	141.08	.010	1154.63	1.46
SNF/ICF/TRANS IP CARE	1	5		263.30	52.66	.000	263.30	.01
OPHTHALMOLOGICAL SERVICES	20	31		1,366.86	44.09	.001	68.34	.05

EXAMINATIONS	20	31		1,366.86	4	4.09	.001		68.34		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	333	1,062		183,915.98	17	3.18	.035		552.30		6.11
PRINCIPAL SURGEON	223	246		153,406.98	62	3.61	.008		687.92		5.09
ASSISTANT SURGEON	53	53		8,634.57	16	2.92	.002		162.92		.29
ANESTHESIOLOGIST	109	763		21,874.43		8.67	.025		200.68		.73
OUTPATIENT SURGERY	317	640		48,829.06	7	6.30	.021		154.03		1.62
PRINCIPAL SURGEON	270	346		41,265.82	11	9.27	.011		152.84		1.37
ASSISTANT SURGEON	2	2		293.72	14	6.86	.000		146.86		.01
ANESTHESIOLOGIST	81	292		7,269.52		4.90	.010		89.75		.24
DIALYSIS	7	20		2,442.12	12	2.11	.001		348.87		.08
PATHOLOGY	360	582		3,644.41		6.26	.019		10.12		.12
RADIOLOGY	1,126	1,608		42,361.31		6.34	.053		37.62		1.41
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	78	203		1,767.37		8.71	.007		22.66		.06
OTHER SERVICES/ALL X-OVERS	378	975		25,147.43		5.79	.032		66.53		.84
@PHARMACY	6,406	17,259	\$	566,274.03	\$ 3	2.81	.573	\$	88.40	\$	18.81
PRESCRIPTION DRUGS	6,359	15,732		552,129.14	3	5.10	.522		86.83		18.34
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	6 , 359	15,732		552,129.14	3	5.10	.522		86.83		18.34
MEDICAL SUPPLIES	233	1,527		14,144.89		9.26	.051		60.71		.47
@DENTIST	1,286	6,211	\$	236,600.81	\$ 3	8.09	.206	\$	183.98	\$	7.86
VISITS - DIAGNOSTIC	954	3 , 825		63,562.31	1	6.62	.127		66.63		2.11
ORAL SURGERY	154	312		19,954.00	6	3.96	.010		129.57		.66
DRUGS	50	54		1,251.00	2	3.17	.002		25.02		.04
ANESTHESIA	28	29		2,600.00	8	9.66	.001		92.86		.09
PERIODONTICS	30	31		4,373.00	14	1.06	.001		145.77		.15
ENDODONTICS	97	210		28,414.00	13	5.30	.007		292.93		.94
RESTORATIVE DENTISTRY	489	1,609		106,224.00	6	6.02	.053		217.23		3.53
PROSTHETICS	3	4		120.00	3	0.00	.000		40.00		.00
DENTURES, STAYPLATES	12	89		6,844.00	7	6.90	.003		570.33		.23
SPACE MAINTAINERS	7	11		1,480.00	13	4.55	.000		211.43		.05
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	22	30		1,632.50	5	4.42	.001		74.20		.05
ALL OTHER SERVICES	7	7		146.00	2	0.86	.000		20.86		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT FO	R JAN 2	2002 THRU	DEC	2002	PA	GE 10,442
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V 5	54 59 5J	5W-5Y	6J				

DIN BENTTO COUNTY	DOIMING OF DEE		JOO 11	11 31 33 31 31 31	, , ,	00 011 01	00				
							M	ON	THLY AVERA	GE.	
30,111 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPENDITURES	AVE	CRAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	249	807	\$	17,574.25	\$	21.78	.027	\$	70.58	\$.58
DIAGNOSTIC AND ANC. PROCED	171	171		8,054.42		47.10	.006		47.10		.27
EYE APPLIANCES	223	635		9,482.33		14.93	.021		42.52		.31
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000		37.50		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	14	19	\$	400.04	\$	21.05	.001	\$	28.57	\$.01
MEDICINE/INJECTIONS	14	19		400.04		21.05	.001		28.57		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	44	143	\$	9,765.65	\$	68.29	.005	\$	221.95	\$.32
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	3	\$	76.89	\$	25.63	.000	\$ 38.45	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,021	11,408	\$	2,339,668.81	\$	205.09	.379	\$ 774.47	\$	77.70
HOSP INPATIENT TOTAL	306	1,534		2,097,696.90		1367.47	.051	6855.22		69.67
HSC HOSPITALS	66	793		1,003,176.07		1265.04	.026	15199.64		33.32
NON-HSC HOSPITAL TOTAL	240	730		1,092,896.83		1497.12	.024	4553.74		36.30
ACCOMMODATIONS	226	730		390,988.63		535.60	.024	1730.04		12.98
ADMINISTRATIVE DAYS	2	7		1,619.10		231.30	.000	809.55		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	224	723		389,369.53		538.55	.024	1738.26		12.93
ANCILLARIES	239	0		701,908.20		.00	.000	2936.85		23.31
INPATIENT CROSSOVERS	2	11		1,624.00		147.64	.000	812.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,834	9,874		241,971.91		24.51	.328	85.38		8.04
MEDICAL	365	439		14,426.04		32.86	.015	39.52		.48
SURGERY	114	132		8,144.33		61.70	.004	71.44		.27
PATHOLOGY	1 , 529	5,081		61,520.21		12.11	.169	40.24		2.04
RADIOLOGY	892	1,188		64,064.04		53.93	.039	71.82		2.13
ROOM USE	1,233	1,610		70,072.16		43.52	.053	56.83		2.33
CROSSOVERS/ALL OTH OUTPTNT	850	1,424		23,745.13		16.67	.047	27.94		.79
@COUNTY HOSPITAL TOTAL	170	1,040	\$	636,796.02	\$.035		\$	21.15
CO HOSPITAL INPATIENT TOTAL	20	458		615,256.03		1343.35	.015	30762.80		20.43
HSC HOSPITALS	20	458		615,256.03		1343.35	.015	30762.80		20.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	157	582		21,539.99		37.01	.019	137.20		.72
MEDICAL	40	51		3,040.94		59.63	.002	76.02		.10
SURGERY	15	22		2,039.77		92.72	.001	135.98		.07
PATHOLOGY	37	139		1,784.67		12.84	.005	48.23		.06
RADIOLOGY	43	92		6,109.27		66.41	.003	142.08		.20
ROOM USE	124	188		7,230.98		38.46	.006	58.31		.24
CROSSOVERS/ALL OTH OUTPTNT	48	90		1,334.36		14.83	.003	27.80		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JRES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PF	AGE 10,443
MOP024	FEE-FOR-SERVICE/DENT									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	SOC-FA	M 34 39 3N 3T 3V	54 5	9 5J 5W-5Y	6J		~-	

----- MONTHLY AVERAGE -----30,111 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,887 10,368 .344 \$ 589.84 \$ @COMMUNITY HOSPITAL TOTAL 1,702,872.79 \$ 164.24 56.55 286 1,076 1377.73 .036 5183.36 COMM HOSP INPATIENT TOTAL 1,482,440.87 49.23 335 HSC HOSPITALS 46 387,920.04 1157.97 .011 8433.04 12.88 NON-HSC HOSPITALS TOTAL 240 730 1,092,896.83 1497.12 .024 4553.74 36.30 226 730 535.60 12.98 ACCOMMODATIONS 390,988.63 .024 1730.04 7 1,619.10 231.30 .000 809.55 .05 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 224 723 389,369.53 538.55 .024 1738.26 12.93 ALL OTHER ACCOM 239 23.31 ANCILLARIES 0 701,908.20 .00 .000 2936.85 2 INPATIENT CROSSOVERS 11 1,624.00 147.64 .000 812.00 .05 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	2,709	9,292		220,431.92		23.72	.309		81.37		7.32
MEDICAL	326	388		11,385.10		29.34	.013		34.92		.38
SURGERY	100	110		6,104.56		55.50	.004		61.05		.20
PATHOLOGY	1,499	4,942		59,735.54		12.09	.164		39.85		1.98
RADIOLOGY	852	1,096		57,954.77		52.88	.036		68.02		1.92
ROOM USE	1,122	1,422		62,841.18		44.19	.047		56.01		2.09
CROSSOVERS/ALL OTH OUTPTNT	807	1,334		22,410.77		16.80	.044		27.77		.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	115	\$	75,868.95	\$	659.73	.004	\$	18967.24	\$	2.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	4	115		75,868.95		659.73	.004		18967.24		2.52
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	281	\$	25,188.19	Ś	89.64	.009	Ś		Ś	.84
HOSPITAL BASED	0	0	7	.00	-	.00	.000	т.	.00	7	.00
HEMODIALYSIS CENTER	17	281		25,188.19		89.64	.009		1481.66		.84
@REHABILITATION FACILITY	9	36	\$	922.72	\$	25.63	.001	Ś	102.52	Ś	.03
HOSPITAL BASED	9	36	т	922.72	т	25.63	.001	Τ.	102.52	т	.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	704	1,576	\$	30,578.08	\$	19.40	.052	Ś	43.43	Ś	1.02
PATHOLOGY	704	1,576	т	30,578.08	т	19.40	.052	Τ.	43.43	т	1.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,912	7,070	\$	642,186.04	\$	90.83	.235	Ś		Ś	21.33
CLINIC	131	504	۲	14,048.34	Ψ.	27.87	.017	۲	107.24	۲	.47
SURGICENTER	1	1		90.00		90.00	.000		90.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,800	6 , 565		628,047.70		95.67	.218		165.28		20.86
#CALIF DEPT OF HEALTH SERV			IREC N	MONTH-OF-PAYMENT R	FPOR			DEC		D	AGE 10,444
MOP024	FEE-FOR-SERVICE		JINEO I	TONIII OF TATMENT IN	DI OI	I FOR OAN 2	002 11110	טבוכ	, 2002		01/17/03
SAN BENITO COUNTY			20C-F7	AM 34 39 3N 3T 3V	5/ 50	9 5 T 5W-5V	6 т				01/1//03
SAN BENITO COUNTI	SUMMANT OF SERV	VICES FOR MN NOS	30C F2	M 34 39 3N 31 3V	J4 J.			ONT	HLY AVERA	CF	
30,111 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EXPENDITURES	Δ171	ERAGE COST			COST PER		COST PER
30/111 111011110	OBLINE	OR DAYS OF CAR		EXTENDITORES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	695	5,202	\$	95,387.66	\$	18.34	.173			\$	3.17
DURABLE MED. EQUIP.	34	63	۲	30,383.09	Y	482.27	.002	Y	893.62	Y	1.01
BLOOD BANK	0	0		.00		.00	.002		.00		.00
HEARING AID DISPENSERS	2	6		295.39		49.23	.000		147.70		.01
MEDICAL TRANSPORTATION	89	1,547		32,057.45		20.72	.051		360.20		1.06
MEDICAL TRANSPORTATION	0.5	1,347		32,037.43		20.72	.051		300.20		1.00

19,418.07

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AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST

GENETIC DISEASE TESTING

OTHER TRANS

ACUPUNCTURE

OPTICIAN

OTHER SERVICES

PHYSICAL THERAPIST

86

1

7

0

0

0

0

237

28

171

1,492

48

7

0

0

0

0

172

543

40

PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	16	32	2,287.28	71.48	.001	142.96	.08
PROSTHETICS	16	32	2,287.28	71.48	.001	142.96	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	29	5,025.68	173.30	.001	717.95	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	128	755	3,611.45	4.78	.025	28.21	.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2,013	204.77	.10	.067	102.39	.01
@CALIF. CHILDREN SERVICES*	93	1,041	\$ 748 , 297.89	\$ 718.83	.035	\$ 8046.21	\$ 24.85
@XOVER EXCLUDING STATE HOSP**	31	518	\$ 11,495.99	\$ 22.19	.017	\$ 370.84	\$.38

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,445
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

----- MONTHLY AVERAGE -----32,636 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 83,082 2.546 \$ @TOTAL, ALL PROVIDERS 14,476 6,006,378.32 72.29 414.92 \$ 184.04 4,888 13,349 638,395.01 47.82 .409 \$ 130.60 \$ @PHYSICIANS SERVICES 3,197 4,444 197,931.87 44.54 .136 61.91 6.06 OUTPATIENT VISITS OFFICE VISITS 1,974 2,560 90,726.50 35.44 .078 45.96 2.78 0 .00 .00 .000 .00 .00 HOME VISITS EMERGENCY ROOM 1,316 .040 62.42 1,096 68,407.33 51.98 2.10 4 4 196.79 49.20 .000 49.20 PREVENTIVE CARE .01 276 472 76.08 OB VISITS/COMPRE PERI 35,907.60 .014 130.10 1.10 80 92 OTHER OUTPATIENT 2,693.65 29.28 .003 33.67 .08 271 883 INPATIENT VISITS 71,638.18 81.13 .027 264.35 2.20 HOSPITAL VISITS 245 558 26,548.09 47.58 .017 108.36 .81 41 318 .010 1091.99 CRITICAL CARE 44,771.79 140.79 1.37 7 45.47 159.15 SNF/ICF/TRANS IP CARE 318.30 .000 .01 OPHTHALMOLOGICAL SERVICES 30 44 1,918.08 43.59 .001 63.94 .06 EXAMINATIONS 1,918.08 43.59 .001 63.94 .06 .00 SERVICES AND MATERIALS 0 0 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 352 1,138 192,884.75 169.49 .035 547.97 5.91 PRINCIPAL SURGEON 264 160,326.10 607.30 .008 676.48 4.91 ASSISTANT SURGEON 55 8,994.19 163.53 .002 163.53 .28 ANESTHESIOLOGIST 118 819 23,564.46 28.77 .025 199.70 .72 OUTPATIENT SURGERY 745 58,751.80 78.86 .023 169.31 1.80 297 380 49,503.89 130.27 .012 166.68 1.52 PRINCIPAL SURGEON 3 ASSISTANT SURGEON 3 416.58 138.86 .000 138.86 .01 ANESTHESIOLOGIST 362 8,831.33 24.40 .011 99.23 .27 DIALYSIS 31 181 53.28 311.08 9,643.54 .006 .30 722 PATHOLOGY 391 4,974.65 6.89 .022 12.72 .15 1,237 1,850 50,667.21 27.39 1.55 RADIOLOGY .057 40.96 1 1 **PSYCHIATRY** 43.42 43.42 .000 43.42 .00 10.08 26.38 IMMUNIZATION AND INJECTION 225 2,268.45 .007 .07 62.56 OTHER SERVICES/ALL X-OVERS 762 3,116 47,673.06 15.30 .095 1.46 @PHARMACY 8,111 27,268 1,120,653.90 41.10 .836 \$ 138.16 \$ 34.34 PRESCRIPTION DRUGS 8,034 22,831 1,088,075.99 47.66 .700 135.43 33.34

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	42	266		15,199.16		57.14	.008		361.88		.47
OUTPATIENTS	7 , 996	22 , 565		1,072,876.83		47.55	.691		134.18		32.87
MEDICAL SUPPLIES	474	4,437		32,577.91		7.34	.136		68.73		1.00
@DENTIST	1,405	6,721	\$	264,546.17	\$	39.36	.206	\$	188.29	\$	8.11
VISITS - DIAGNOSTIC	1,031	4,122		68,238.67		16.55	.126		66.19		2.09
ORAL SURGERY	177	382		23,498.00		61.51	.012		132.76		.72
DRUGS	50	54		1,251.00		23.17	.002		25.02		.04
ANESTHESIA	30	31		2,800.00		90.32	.001		93.33		.09
PERIODONTICS	39	43		5,773.00		134.26	.001		148.03		.18
ENDODONTICS	108	234		33,719.00		144.10	.007		312.21		1.03
RESTORATIVE DENTISTRY	523	1,689		114,996.00		68.09	.052		219.88		3.52
PROSTHETICS	4	5		170.00		34.00	.000		42.50		.01
DENTURES, STAYPLATES	20	112		10,842.00		96.80	.003		542.10		.33
SPACE MAINTAINERS	7	11		1,480.00		134.55	.000		211.43		.05
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	22	30		1,632.50		54.42	.001		74.20		.05
ALL OTHER SERVICES	9	8		146.00		18.25	.000		16.22		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN	2002 THRU	DEC	2002	P	AGE 10,446
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICAL:	LY NEEDY - NO SOC							
							M	ONT	HLY AVERA	GE	
32,636 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	298	972	\$	21,189.99	\$	21.80	.030	\$	71.11	\$.65
DIAGNOSTIC AND ANC. PROCED	197	197		9,288.04		47.15	.006		47.15		.28
EYE APPLIANCES	271	774		11,864.45		15.33	.024		43.78		.36
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000		37.50		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	27	43	\$	760.68	\$	17.69	.001	\$	28.17	\$.02

MEDICINE/INJECTIONS	16	22	523.44	23.79	.001	32.72	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	11	20	219.94	11.00	.001	19.99	.01
@HOME HEALTH AGENCY	55	195 \$	13,409.54	\$ 68.77	.006 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00	\$.00	.000 \$		
NURSE MIDWIFE	6	8 \$					
PEDIATRIC NURSE PRACTITIONER			199.29	\$ 24.91	.000 \$		\$.01
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	3,413	13,650 \$	2,649,270.83	\$ 194.09	.418 \$		
HOSP INPATIENT TOTAL	352	1,776	2,358,622.08	1328.05	.054	6700.63	72.27
HSC HOSPITALS	79	882	1,100,091.07	1247.27	.027	13925.20	33.71
NON-HSC HOSPITAL TOTAL	253	792	1,240,808.56	1566.68	.024	4904.38	38.02
ACCOMMODATIONS	239	792	459,345.10	579.98	.024	1921.95	14.07
ADMINISTRATIVE DAYS	2	7	1,588.32	226.90	.000	794.16	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	237	785	457,756.78	583.13	.024	1931.46	14.03
ANCILLARIES	252	0	781,463.46	.00	.000	3101.05	23.94
INPATIENT CROSSOVERS	22	102	17,722.45	173.75	.003	805.57	.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,205	11,874	290,648.75	24.48	.364	90.69	8.91
MEDICAL	405	511	16,717.89	32.72	.016	41.28	.51
SURGERY	133	156	9,929.12	63.65	.005	74.66	.30
PATHOLOGY	1,651	5 , 762	69,434.79	12.05	.177	42.06	2.13
RADIOLOGY	953	1,303	73,461.05	56.38	.040	77.08	2.25
ROOM USE	1,312	1,743	75,224.13	43.16	.053	57.34	2.30
CROSSOVERS/ALL OTH OUTPTNT	1,122	2,399	45,881.77	19.13	.074	40.89	1.41
@COUNTY HOSPITAL TOTAL	209	1,206 \$	640,361.44	\$ 530.98		3063.93	
	21	464	•				•
CO HOSPITAL INPATIENT TOTAL			616,068.03	1327.73	.014	29336.57	18.88
HSC HOSPITALS	20	458	615,256.03	1343.35	.014	30762.80	18.85
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	812.00	135.33	.000	812.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	195	742	24,293.41	32.74	.023	124.58	.74
MEDICAL	46	60	3,289.85	54.83	.002	71.52	.10
SURGERY	19	26	2,313.58	88.98	.001	121.77	.07
PATHOLOGY	43	171	1,995.45	11.67	.005	46.41	.06
RADIOLOGY	47	98	6,558.43	66.92	.003	139.54	.20
ROOM USE	142	213	7,981.63	37.47	.007	56.21	.24
CROSSOVERS/ALL OTH OUTPINT	71	174	2,154.47	12.38	.005	30.34	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 10,447
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MON	THLY AVERA	GE
32,636 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,253	12,444 \$	2,008,909.39	\$ 161.44	.381 \$		
COMM HOSP INPATIENT TOTAL	331	1,312	1,742,554.05	1328.17	.040	5264.51	53.39
HSC HOSPITALS	59	424	484,835.04	1143.48	.013	8217.54	14.86
NON-HSC HOSPITALS TOTAL	253	792	1,240,808.56	1566.68	.024	4904.38	38.02
ACCOMMODATIONS	239	792	459,345.10	579.98	.024	1921.95	14.07
VCCOLII.IODY I TONO	200	134	400,040.10	313.30	. 047	1721.70	T4.01

ADMINISTRATIVE DAYS	2	7		1,588.32		226.90	.000		794.16		.05
TRANSITIONAL IP CARE	0	Ó		.00		.00	.000		.00		.00
ALL OTHER ACCOM	237	785		457,756.78		583.13	.024		1931.46		14.03
ANCILLARIES	252	0		781,463.46		.00	.000		3101.05		23.94
INPATIENT CROSSOVERS	21	96		16,910.45		176.15	.003		805.26		.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,054	11,132		266,355.34		23.93	.341		87.22		8.16
MEDICAL	360	451		13,428.04		29.77	.014		37.30		.41
SURGERY	116	130		7,615.54		58.58	.004		65.65		.23
PATHOLOGY	1,615	5 , 591		67,439.34		12.06	.171		41.76		2.07
RADIOLOGY	909	1,205		66,902.62		55.52	.037		73.60		2.05
ROOM USE	1,186	1,530		67,242.50		43.95	.047		56.70		2.06
CROSSOVERS/ALL OTH OUTPTNT		2,225		43,727.30		19.65	.068		41.29		1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	Ψ	.00	.000	Τ.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	49	1,331	\$	313,590.17	\$	235.60	.041	Ś	6399.80	Ś	9.61
LEV A-INTERMEDIATE	0	0	т	.00	Ψ	.00	.000	Τ.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	7	190		105,687.50		556.25	.006		15098.21		3.24
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	44	1,141		207,902.67		182.21	.035		4725.06		6.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т	.00	Ψ	.00	.000	Τ.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	102	3,423	\$	150,964.01	\$	44.10		Ś	1480.04	Ś	4.63
HOSPITAL BASED	2	42	т	5,882.06	Ψ	140.05	.001	Τ.	2941.03	т	.18
HEMODIALYSIS CENTER	100	3,381		145,081.95		42.91	.104		1450.82		4.45
@REHABILITATION FACILITY	15	67	\$	1,645.62	\$	24.56	.002	Ś	109.71	Ś	.05
HOSPITAL BASED	15	67	т	1,645.62	Ψ	24.56	.002	Τ.	109.71	т	.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	747	1,858	\$	33,772.73	\$	18.18	.057	Ś	45.21	Ś	1.03
PATHOLOGY	746	1,856	т	33,745.13	Ψ	18.18	.057	Τ.	45.23	т	1.03
XO AND OTHERS	1	2		27.60		13.80	.000		27.60		.00
@ORGANIZED OUTPATIENT CLINIC	4,153	7,464	\$	667,490.85	\$	89.43	.229	Ś	160.72	Ś	20.45
CLINIC	131	504	т	14,048.34	Ψ	27.87	.015	Τ.	107.24	т	.43
SURGICENTER	1	1		90.00		90.00	.000		90.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,041	6,959		653,352.51		93.89	.213		161.68		20.02
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	EPORT			DEC		PA	AGE 10,448
MOP024	FEE-FOR-SERVICE		1120 1		0111		2002 111110		2002		01/17/03
SAN BENITO COUNTY			ICALI	LY NEEDY - NO SOC							
	• • • • • • • • • • • • • • • • • • • •						M	ONT	HLY AVERA	GE -	
32,636 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
,		OR DAYS OF CAR			PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	896	6,733	\$	130,489.53	\$	19.38	.206		145.64		4.00
DURABLE MED. EQUIP.	42	124	·	40,567.37	·	327.16	.004	·	965.89		1.24
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	18		1,486.32		82.57	.001		247.72		.05
MEDICAL TRANSPORTATION	124	2,135		38,625.84		18.09	.065		311.50		1.18
AMBULANCES/AIR TRANS	101	1,850		24,417.67		13.20	.057		241.76		.75
OTHER TRANS	2	51		58.20		1.14	.002		29.10		.00
OTHER SERVICES	26	234		14,149.97		60.47	.007		544.23		.43
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
***= *= *= *=	Č .	· ·		.00			• • • •		• • • •		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	171	172	13,393.00	77.87	.005	78.32	.41
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	295	668	6,619.67	9.91	.020	22.44	.20
PHYSICAL THERAPIST	29	41	3,013.15	73.49	.001	103.90	.09
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	21	92	8,959.17	97.38	.003	426.63	.27
PROSTHETICS	21	92	8,959.17	97.38	.003	426.63	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	45	7,105.53	157.90	.001	507.54	.22
HOSPICE SERVICES	1	30	3,241.20	108.04	.001	3241.20	.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	129	811	4,003.89	4.94	.025	31.04	.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	95	2 , 595	3,414.13	1.32	.080	35.94	.10
@CALIF. CHILDREN SERVICES*	108	1,413	\$ 806,330.44	\$ 570.65	.043	\$ 7466.02	\$ 24.71
@XOVER EXCLUDING STATE HOSP**	589	5,842	\$ 118,703.67	\$ 20.32	.179	\$ 201.53	\$ 3.64

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,449
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

CIN DENTIO CCCNII	DOIMMING OF DELC	VIOLO ION 23 INV	200	11000	1110 0	700		
						MON	ITHLY AVERA	GE
97 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	106	1,433	\$	164,573.37	\$ 114.85	14.773 \$	1552.58	\$ 1696.63
@PHYSICIANS SERVICES	15	22	\$	245.89	\$ 11.18	.227 \$	16.39	\$ 2.53
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	22	245.89	11.18	.227	16.39	2.53
@PHARMACY	73	410 \$	26,191.39	\$ 63.88	4.227	\$ 358.79	\$ 270.01
PRESCRIPTION DRUGS	71	379	25,455.78	67.17	3.907	358.53	262.43
SNF/ICF	17	190	10,631.00	55.95	1.959	625.35	109.60
OUTPATIENTS	55	189	14,824.78	78.44	1.948	269.54	152.83
MEDICAL SUPPLIES	16	31	735.61	23.73	.320	45.98	7.58
@DENTIST	6	21 \$	1,387.00	\$ 66.05	.216	\$ 231.17	\$ 14.30
VISITS - DIAGNOSTIC	5	14	284.00	20.29	.144	56.80	2.93
ORAL SURGERY	2	4	138.00	34.50	.041	69.00	1.42
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	965.00	321.67	.031	482.50	9.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 10,450

01/17/03

AID CODE

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

MOP024

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----97 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 5 148.00 29.60 .052 \$ 1.53 49.33 \$ 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 94.90 .021 .98 .031 EYE APPLIANCES 3 53.10 17.70 26.55 .55 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .000 0 .00 .00 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 \$.00 89 @TOTAL HOSPITAL 8,059.34 90.55 .918 \$ 805.93 \$ 83.09 HOSP INPATIENT TOTAL 3 6,839.00 310.86 .227 2279.67 70.51 0 .00 .00 HSC HOSPITALS .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	3	22		6,839.00		310.86	.227		2279.67		70.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	67		1,220.34		18.21	.691		174.33		12.58
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	7	67		1,220.34		18.21	.691		174.33		12.58
@COUNTY HOSPITAL TOTAL	0	0	\$	21.23	\$.00	.000	\$.00	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		21.23		.00	.000		.00		.22
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		21.23		.00	.000		.00		.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MONTH-OF-	PAYMENT RE	EPORT :	FOR JAN 2	2002 THRU	DEC	2002	PA	AGE 10,451
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - AGED			AID CO					
							I	IONT:	HLY AVERA	ЭE -	

97 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	89	\$	8,038.11	\$	90.32	.918		803.81	\$	82.87
COMM HOSP INPATIENT TOTAL	3	22		6,839.00	·	310.86	.227		2279.67		70.51
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	22		6,839.00		310.86	.227		2279.67		70.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	67		1,199.11		17.90	.691		171.30		12.36
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	7	67		1,199.11		17.90	.691		171.30		12.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	20	829	\$	125,702.27	\$	151.63	8.546	\$	6285.11	\$	1295.90
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	20			.00 125,702.27		.00	.000		.00		.00 1295.90
LEV B-REGULAR	20	829	\$	•	\$	151.63	8.546	\$	6285.11	\$	
@INTERMEDIATE CARE FACILDD ICF DDH	0	0	Ş	.00	Ş	.00	.000	Þ	.00	Þ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	1	\$	2,053.19	\$	2053.19	.010	\$	1026.60	Ś	21.17
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	2	1		2,053.19		2053.19	.010		1026.60		21.17
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00	τ	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	·	.00		.00	.000	·	.00	·	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$	196.85	\$	24.61	.082	\$	49.21	\$	2.03
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	8		196.85		24.61	.082		49.21		2.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2002 THRU	DEC	2002	F	AGE 10,452
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 29 MN -	SOC	- AGED		AID CO	DDE				
							M				
97 ELIGIBLES	USERS			EXPENDITURES							
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	12	48	\$		\$				49.12		
DURABLE MED. EQUIP.	0	0		.00		.00			.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.021	26.08	.27
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	46		563.36	12.25	.474	51.21	5.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	34	148	\$	10,992.94	\$ 74.28	1.526	\$ 323.32	\$ 113.33
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM O	NLY;				

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 #CALIF DEPT OF HEALTH SERV PAGE 10,453 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AID CODE SAN BENITO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .000 \$ @TOTAL, ALL PROVIDERS 0 .00 \$.00 .00 \$.00 .00 @PHYSICIANS SERVICES 0 \$ \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY											
	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
DIALYSIS	Ü	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	n	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		Ċ			ċ		ċ	
@PHARMACY	U	•	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	т	.00	Ψ	.00	.000	т	.00	т	.00
	0	0									
ORAL SURGERY	U	•		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	n	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	U	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURE	C MONTH-O		ים∩סיי ד			DEC		D7	GE 10,454
MOP024			35 MONTH O	r iaineni ke	II OIKI I	OK OAN 2	.002 11110	DEC	2002	1.7	01/17/03
	FEE-FOR-SERVICE		202 517	170		3.75.00					01/1//03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 30 MN -	SOC - BLI	ND		AID CC					
									HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERA	GE COST	UNITS/DAY		COST PER		COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EX	PENDITURES		GE COST		S			COST PER CLIGIBLE
00 ELIGIBLES @OPTOMETRIST	USERS 0		EX	PENDITURES			UNITS/DAY PER ELIG	S (COST PER		CLIGIBLE
@OPTOMETRIST		OR DAYS OF CARE 0		.00	PER U	VAD/TINI .00	UNITS/DAY PER ELIG .000	S (COST PER USER .00	E	LIGIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0	OR DAYS OF CARE 0 0		.00	PER U	.00 .00	UNITS/DAY PER ELIG .000 .000	S (COST PER USER .00	E	LIGIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0	OR DAYS OF CARE 0 0 0 0		.00 .00	PER U	.00 .00 .00	UNITS/DAY PER ELIG .000 .000	S (COST PER USER .00 .00	E	.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	OR DAYS OF CARE 0 0 0 0 0	\$.00 .00 .00	PER U \$.00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000	\$ \$	COST PER USER .00 .00 .00	\$ \$.00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0	OR DAYS OF CARE 0 0 0 0 0 0 0		.00 .00 .00 .00	PER U	.00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000	\$ \$	OST PER USER .00 .00 .00 .00	E	.00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00	PER U \$.00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	\$ \$	USER	\$ \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0	OR DAYS OF CARE 0 0 0 0 0 0 0	\$.00 .00 .00 .00	PER U \$.00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000	\$ \$	OST PER USER .00 .00 .00 .00	\$ \$.00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00	PER U \$.00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	\$ \$	USER	\$ \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00	PER U \$	NIT/DAY .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00	PER U \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER U \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER U \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER U \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		USER	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		USER	\$ \$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER U \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		USER	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		USER	\$ \$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$ \$ \$	NIT/DAY	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$ \$ \$ \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$ \$ \$ \$	LIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$ \$ \$ \$ \$	NIT/DAY	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$ \$\$\$\$\$\$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$ \$ \$ \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$ \$ \$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$ \$ \$ \$ \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$ \$\$\$\$\$\$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER U \$ \$ \$ \$ \$ \$	NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$ \$\$\$\$\$\$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Û	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Û	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 10,455
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 30 MN - SOC -	BLIND	AID CC	DE		
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER ACCOM	0		.00	.00	.000	.00	
ANCILLARIES	•	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUE	RES MONTH-OF-	PAYMENT RE	PORT	FOR JAN 20	02 THRU	DEC	2002	PA	GE 10,456
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLIND			AID COD	E				

					MONTHLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/D	AYS COST PER	COST PER

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SAN BENITO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,457 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

----- MONTHLY AVERAGE -----77 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 117 4,756 180,354.07 37.92 61.766 \$ 1541.49 \$ 2342.26 \$ @PHYSICIANS SERVICES 36 175 5,434.90 31.06 2.273 \$ 150.97 \$ 70.58 10 14 906.47 64.75 .182 90.65 11.77 OUTPATIENT VISITS 3 42.12 70.20 5 210.60 .065 2.74 OFFICE VISITS .00 0 HOME VISITS 0 .00 .000 .00 .00 84.58 .00 .00 EMERGENCY ROOM 676.67 .104 84.58 8.79 0 .00 .00 .00 PREVENTIVE CARE .000 0 .00 OB VISITS/COMPRE PERI .00 .000 .00 1 19.20 19.20 19.20 .25 OTHER OUTPATIENT .013 277.73 39 49.85 .506 25.25 INPATIENT VISITS 1,944.13 33 .429 267.38 20.83 HOSPITAL VISITS 1,604.25 48.61 CRITICAL CARE 239.40 79.80 .039 239.40 3.11 .039 SNF/ICF/TRANS IP CARE 100.48 33.49 50.24 1.30 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS	U		U		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1		1		330.23		330.23	.013		330.23		4.29
PRINCIPAL SURGEON	1		1		330.23		330.23	.013		330.23		4.29
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		Ö		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2		a		597.23		66.36	.117		298.62		7.76
PRINCIPAL SURGEON	1		1		421.82		421.82	.013		421.82		5.48
	0		0									
ASSISTANT SURGEON	•		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1		8		175.41		21.93	.104		175.41		2.28
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	9		20		915.46		45.77	.260		101.72		11.89
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21		92		741.38		8.06	1.195		35.30		9.63
@PHARMACY	73	2	2,540	\$	63,689.41 61,105.17	\$	25.07	32.987	\$	872.46	\$	827.14
PRESCRIPTION DRUGS	73 71		394		61,105.17		155.09	5.117				793.57
SNF/ICF	2		20		1,335.89		66.79	.260		667.95		17.35
OUTPATIENTS	69		374		59,769.28		66.79 159.81 1.20	4 857		866.22		776.22
MEDICAL SUPPLIES	16		2,146		2,584.24		1 20	27 870		161.52		33.56
@DENTIST	10	2	29	\$	1,775.00	Ċ	61 21	377	Ċ	177.50	Ċ	
VISITS - DIAGNOSTIC			22	Ÿ	327.00		14.86	.286	Y	65.40	Y	4.25
	5 0		0		.00					.00		.00
ORAL SURGERY	O		-				.00	.000				
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	Ü		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4		5		548.00		109.60	.065		137.00		7.12
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1		2		900.00		450.00	.026		900.00		11.69
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		Ö		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		TES AND EVE		FS M	ONTH-OF-PAYMENT R	FPORT			DEC		Е	AGE 10,458
MOP024	FEE-FOR-SERVICE		BNDIION	CLO II	ONTH OF TATMENT IN	.11011	. FOR OAN 2	2002 11110		2002		01/17/03
SAN BENITO COUNTY			21 MN _	900	- DISABLED A	TD CC	DEC 65 67	6 M				01/11/03
SAN BENITO COUNTI	SUMMARI OF SERV	TCES FOR	OI MM -	300	- DISABLED A	LD CC	00 67		ONT⊞	HLY AVERA	CE.	
77 FITCIBLES	USERS	UNITS OF	CEDUTCE	,	EXPENDITURES	7/ 7/ 7	DACE COCE					COST PER
77 ELIGIBLES	USEKS				FYLFUDIIOKE2		R UNIT/DAY			USER		ELIGIBLE
QODEOMEED I CE	3	OR DAYS			186.26							
@OPTOMETRIST			10	\$.130	Þ		Ş	
DIAGNOSTIC AND ANC. PROCED	1		1		47.45			.013		47.45		.62
EYE APPLIANCES	3		9		138.81		15.42	.117		46.27		1.80
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	•	.00	•	.00	.000		.00		.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		14	\$	992.81	\$	70.92	.182	\$	496.41	\$	12.89
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00		.00
MOLOR WINESTILESTOT	U		U	۲	.00	۲	.00	.000	٢	.00	۲	.00

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EXAMINATIONS

SERVICES AND MATERIALS

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NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35	225	\$	90,327.59	\$	401.46	2.922	\$	2580.79	\$	1173.09
HOSP INPATIENT TOTAL	9	70	•	84,523.37	·	1207.48	.909		9391.49		1097.71
HSC HOSPITALS	1	24		35,880.00		1495.00	.312		35880.00		465.97
NON-HSC HOSPITAL TOTAL	4	24		45,994.76		1916.45	.312		11498.69		597.33
ACCOMMODATIONS	4	24		15,131.70		630.49	.312		3782.93		196.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	24		15,131.70		630.49	.312		3782.93		196.52
ANCILLARIES	4	0		30,863.06		.00	.000		7715.77		400.82
INPATIENT CROSSOVERS	4	22		2,648.61		120.39	.286		662.15		34.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31	155		5,804.22		37.45	2.013		187.23		75.38
MEDICAL	4	5		167.99		33.60	.065		42.00		2.18
SURGERY	0	0		49.58		.00	.000		.00		.64
PATHOLOGY	20	88		1,149.54		13.06	1.143		57.48		14.93
RADIOLOGY	8	15		2,801.19		186.75	.195		350.15		36.38
ROOM USE	7	7		231.99		33.14	.091		33.14		3.01
CROSSOVERS/ALL OTH OUTPTNT	17	40		1,403.93		35.10	.519		82.58		18.23
@COUNTY HOSPITAL TOTAL	2	15	\$	1,019.57	\$	67.97	.195	\$	509.79	\$	13.24
CO HOSPITAL INPATIENT TOTAL	1	14		812.00		58.00	.182		812.00		10.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	14		812.00		58.00	.182		812.00		10.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		207.57		207.57	.013		207.57		2.70
MEDICAL	0	0		26.45		.00	.000		.00		.34
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		7.97		.00	.000		.00		.10
CROSSOVERS/ALL OTH OUTPTNT	1	1		173.15		173.15	.013		173.15		2.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	IONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	Р	AGE 10,459
MOP024	FEE-FOR-SERVICE/DENTA		202	, DICADIED ».	TD ~	ODEC CE CE	l CTAT				01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES F	OK 31 MN	- 500	, - DISABLED A.	דט כ	ODES 65 67	OW			~-	

----- MONTHLY AVERAGE -----77 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 33 210 \$ 89,308.02 \$ 425.28 2.727 \$ 2706.30 \$ 1159.84 @COMMUNITY HOSPITAL TOTAL 8 56 1494.85 .727 COMM HOSP INPATIENT TOTAL 83,711.37 10463.92 1087.16 24 HSC HOSPITALS 35,880.00 1495.00 .312 35880.00 465.97 NON-HSC HOSPITALS TOTAL 24 45,994.76 11498.69 597.33 24 3782.93 196.52 ACCOMMODATIONS 15,131.70 0 .00 .00 .00 ADMINISTRATIVE DAYS 0 .00 .00 .00 TRANSITIONAL IP CARE 24 3782.93 196.52 ALL OTHER ACCOM 15,131.70 ANCILLARIES 0 30,863.06 7715.77 400.82 612.20 23.85 INPATIENT CROSSOVERS 8 1,836.61 ALL OTHER INPATIENT .00 .00 .00

COMMINION CONTINUENT TOTAL	30	101		3,330.03		30.31	2.000		100.50		72.00
MEDICAL	4	5		141.54		28.31	.065		35.39		1.84
SURGERY	0	0		49.58		.00	.000		.00		.64
PATHOLOGY	20	88		1,149.54		13.06	1.143		57.48		14.93
RADIOLOGY	8	15		2,801.19		186.75	.195		350.15		36.38
ROOM USE	7	7		224.02		32.00	.091		32.00		2.91
CROSSOVERS/ALL OTH OUTPINT	16	39		1,230.78		31.56	.506		76.92		15.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	-T	.00	-T	.00	.000	т.	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	26	Ś		Ġ	178.71		Ś	2323.25	Ś	60.34
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00					.00		
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000				.00
	0					.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	26		4,646.50		178.71	.338		2323.25		60.34
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	6	\$	1,591.21	\$	265.20	.078	\$	530.40	\$	20.67
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	3	6		1,591.21		265.20	.078		530.40		20.67
@REHABILITATION FACILITY	0	0	\$		\$.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ψ	.00	Υ	.00	.000	Ψ	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	229.53	\$	20.87	.143	ċ	76.51	ċ	2.98
	3		Ą		Ą			Ş		Ş	
PATHOLOGY	3	11		229.53		20.87	.143		76.51		2.98
XO AND OTHERS	U	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	1,041.53	Ş			Ş	104.15	Ş	13.53
CLINIC	1	4		165.00		41.25	.052		165.00		2.14
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	11		876.53		79.68	.143		97.39		11.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Ε	PAGE 10,460
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	- SO	C - DISABLED A	ID CC	DES 65 67	6W				
							M	ONT	HLY AVERA	GE.	
77 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	26 6 0	1,705	\$	10,439.33	Ś	6.12			401.51	Ś	
DURABLE MED. EQUIP.	6	32	Υ	1,306.23	٧		.416	Υ	217.71	۲	16.96
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	2										
MEDICAL TRANSPORTATION		19		334.45		17.60	.247		167.23		4.34
AMBULANCES/AIR TRANS	2	19		334.45		17.60	.247		167.23		4.34
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	3	6		65.16		10.86	.078		21.72		.85
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	-	-									

154

5,596.65

36.34

2.000

186.56

72.68

30

COMM HOSP OUTPATIENT TOTAL

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	1,648	8,733.49	5.30	21.403	582.23	113.42
@CALIF. CHILDREN SERVICES*	10	113	\$ 44,261.95	\$ 391.70	1.468	\$ 4426.20	\$ 574.83
@XOVER EXCLUDING STATE HOSP**	35	1,829	\$ 6,402.20	\$ 3.50	23.753	\$ 182.92	\$ 83.15
0.1 -0			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,461 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERAG	E
78 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	135	884	\$	134,295.46	\$ 151.92	11.333	994.78	\$ 1721.74
@PHYSICIANS SERVICES	53	267	\$	17,193.46	\$ 64.39	3.423	324.40	\$ 220.43
OUTPATIENT VISITS	24	31		1,909.81	61.61	.397	79.58	24.48
OFFICE VISITS	7	11		396.21	36.02	.141	56.60	5.08
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	15	16		1,303.13	81.45	.205	86.88	16.71
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.013	126.31	1.62

OMULED OUTED A TITUE	0	2		04.16	00.05	0.00	40.00		1 00
OTHER OUTPATIENT	8	3 16		84.16 993.74	28.05	.038	42.08 124.22		1.08 12.74
INPATIENT VISITS	٥ 7	10			62.11	.205			7.31
HOSPITAL VISITS	1			570.04	47.50		81.43		
CRITICAL CARE	0	4		423.70	105.93	.051	423.70		5.43
SNF/ICF/TRANS IP CARE	· ·	•		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	11	79		7,296.72	92.36	1.013	663.34		93.55
PRINCIPAL SURGEON	8	11		5,938.71	539.88	.141	742.34		76.14
ASSISTANT SURGEON	1	1		186.50	186.50	.013	186.50		2.39
ANESTHESIOLOGIST	5	67		1,171.51	17.49	.859	234.30		15.02
OUTPATIENT SURGERY	12	40		2,947.98	73.70	.513	245.67		37.79
PRINCIPAL SURGEON	9	14		2,251.01	160.79	.179	250.11		28.86
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	5	26		696.97	26.81	.333	139.39		8.94
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	6	24		1,010.03	42.08	.308	168.34		12.95
RADIOLOGY	23	56		1,967.70	35.14	.718	85.55		25.23
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	4		24.10	6.03	.051	12.05		.31
OTHER SERVICES/ALL X-OVERS	7	17		1,043.38	61.38	.218	149.05		13.38
@PHARMACY	30	93	\$	6,972.82	\$ 74.98	1.192	\$ 232.43	\$	89.40
PRESCRIPTION DRUGS	28	91		6,849.83	75.27	1.167	244.64		87.82
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	28	91		6,849.83	75.27	1.167	244.64		87.82
MEDICAL SUPPLIES	2	2		122.99	61.50	.026	61.50		1.58
@DENTIST	12	36	\$	1,177.00	\$ 32.69	.462	\$ 98.08	\$	15.09
VISITS - DIAGNOSTIC	5	11		117.00	10.64	.141	23.40		1.50
ORAL SURGERY	2	8		860.00	107.50	.103	430.00		11.03
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	2	2		200.00	100.00	.026	100.00		2.56
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	7	15		.00	.00	.192	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•	IRES MO					P?	AGE 10,462
MOP024	FEE-FOR-SERVICE/DENTAL				LI OIK I OIK OAN	2002 11110	2002		01/17/03
1101 021	THE FOR SERVICE/DENIAL								01/1//00

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MC	ONTH	HLY AVERA	GE	
78 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	3	\$ 53.11	\$	17.70	.038	\$	26.56	\$.68
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	2	3	53.11		17.70	.038		26.56		.68
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	•									
OTHER	U	0		.00	_	.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	Ş	104.99	\$	52.50		\$	104.99		1.35
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	61	310	\$	99,729.18	\$	321.71	3.974	\$	1634.90	\$	1278.58
HOSP INPATIENT TOTAL	14	53		90,239.07		1702.62	.679		6445.65		1156.91
HSC HOSPITALS	5	26		36,601.50		1407.75	.333		7320.30		469.25
NON-HSC HOSPITAL TOTAL	9	27		53,637.57		1986.58	.346		5959.73		687.66
ACCOMMODATIONS	9	27		23,602.20		874.16	.346		2622.47		302.59
	0	0									
ADMINISTRATIVE DAYS	7			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	27		23,602.20		874.16	.346		2622.47		302.59
ANCILLARIES	9	0		30,035.37		.00	.000		3337.26		385.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	257		9,490.11		36.93	3.295		186.08		121.67
MEDICAL	6	9		190.85		21.21	.115		31.81		2.45
SURGERY	7	8		290.86		36.36	.103		41.55		3.73
PATHOLOGY	32	124		1,457.20		11.75	1.590		45.54		18.68
RADIOLOGY	24	47		5,790.04		123.19	.603		241.25		74.23
	21	28		•							
ROOM USE				1,348.88		48.17	.359		64.23		17.29
CROSSOVERS/ALL OTH OUTPTNT	21	41	_	412.28	_	10.06	.526	_	19.63	_	5.29
@COUNTY HOSPITAL TOTAL	4	17	\$	15,709.08	\$.218		3927.27	Ş	201.40
CO HOSPITAL INPATIENT TOTAL	1	11		14,872.00		1352.00	.141		14872.00		190.67
HSC HOSPITALS	1	11		14,872.00		1352.00	.141		14872.00		190.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0									
CO HOSP OUTPATIENT TOTAL	3	0		837.08		139.51	.077		279.03		10.73
MEDICAL	1	1		26.92		26.92	.013		26.92		.35
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		19.76		19.76	.013		19.76		.25
RADIOLOGY	1	1		714.67		714.67	.013		714.67		9.16
ROOM USE	2	2		67.18		33.59	.026		33.59		.86
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.55		8.55	.013		8.55		.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC		Р	AGE 10,463
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SAN BENITO COUNTY			SOC	- FAMILIES AID CO	ODE 5	SR 6R 37					
DIN BENTTO COUNTY	SOLITIME OF SERV	1020 1010 32 1110	500	111111111111111111111111111111111111111	000)	M	רות	THIV AWERA	CF	
78 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/1/1	ERAGE COST					COST PER
10 FFIGIPLES	USEKS			EVEFUDITORES							
0.000,000,000,000,000,000,000,000,000,0		OR DAYS OF CARE		04 000 10		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	293	\$	84,020.10	\$	286.76		Þ	1474.04	Ş	
COMM HOSP INPATIENT TOTAL	13	42		75,367.07		1794.45	.538		5797.47		966.24
HSC HOSPITALS	4	15		21,729.50		1448.63	.192		5432.38		278.58
NON-HSC HOSPITALS TOTAL	9	27		53 , 637.57		1986.58	.346		5959.73		687.66
ACCOMMODATIONS	9	27		23,602.20		874.16	.346		2622.47		302.59

	0			0.0		0.0	0.00		0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	27		23,602.20		874.16	.346		2622.47		302.59
ANCILLARIES	9	0		30,035.37		.00	.000		3337.26		385.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	48	251		8,653.03		34.47	3.218		180.27		110.94
MEDICAL	5	8		163.93		20.49	.103		32.79		2.10
SURGERY	7	8		290.86		36.36	.103		41.55		3.73
PATHOLOGY	31	123		1,437.44		11.69	1.577		46.37		18.43
RADIOLOGY	23	46		5,075.37		110.33	.590		220.67		65.07
ROOM USE	19	26		1,281.70		49.30	.333		67.46		16.43
CROSSOVERS/ALL OTH OUTPTNT	20	40		403.73		10.09	.513		20.19		5.18
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	0	'	.00	'	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00		\$.00	\$.00
HOSPITAL BASED	0	0	7	.00	-7	.00	.000	4	.00	-	.00
HEMODIALYSIS CENTER	Û	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	Û	0	7	.00	-7	.00	.000	4	.00	- T	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	22	\$	701.57	\$	31.89		\$	100.22	\$	8.99
PATHOLOGY	7	22	Ψ	701.57	Υ	31.89	.282	Ψ.	100.22	۲	8.99
XO AND OTHERS	ņ	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	4 4	\$	3,005.00	Ś	68.30	.564	Ś	111.30	Ś	38.53
CLINIC	1	13	Ψ	522.21	Υ	40.17	.167	Ψ.	522.21	۲	6.70
SURGICENTER	Û	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	31		2,482.79		80.09	.397		95.49		31.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES M		r DOD'			DEC		D	AGE 10,464
MOP024	FEE-FOR-SERVICE/DENTA		,ıvı, 1,	ONTH OF EATHENT RE	DE OR.	I LOIX OAIN	2002 IIINU	טייר	2002	E	01/17/03
1101 021	THE FOR DERVICE/DENTA										01/1//00

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 78 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 107 \$ 5,358.33 \$ 50.08 1.372 \$ 893.06 \$ 68.70 @ALL OTHER PROVIDERS 6 .038 64.74 .000 .00 3 DURABLE MED. EQUIP. 1 64.74 21.58 .83 .00 .00 .00 0 .00 BLOOD BANK 0 0 .00 .000 .00 HEARING AID DISPENSERS 51.38 1.321 1.295 67.85 1323.01 5,292.03 103 MEDICAL TRANSPORTATION 5,292.03 1,692.03 101 16.75 423.01 21.69 AMBULANCES/AIR TRANS .000 .026 .00 .00 .00 OTHER TRANS 0 .00 1800.00 3,600.00 OTHER SERVICES 1800.00 46.15 .000 ACUPUNCTURE .00 .00 .00 .00

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

SAN BENITO COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	1.56		1.56	.013	1.56	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	29	\$ 4,817.60	\$ 16	56.12	.372	\$ 1605.87	\$ 61.76
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,465 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

DIN BENITO COUNTI	BOILING OF BEI	V1000 1010 00 1100101	11111	NEEDI 500				~=
							NTHLY AVERA	
252 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	358	7,073	\$	479 , 222.90	\$ 67.75	28.067		
@PHYSICIANS SERVICES	104	464	5	,	\$ 49.30	1.841		
OUTPATIENT VISITS	34	45		2,816.28	62.58	.179	82.83	11.18
OFFICE VISITS	10	16		606.81	37.93	.063	60.68	2.41
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	23	24		1,979.80	82.49	.095	86.08	7.86
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.004	126.31	.50
OTHER OUTPATIENT	3	4		103.36	25.84	.016	34.45	.41
INPATIENT VISITS	15	55		2 , 937.87	53.42	.218	195.86	11.66
HOSPITAL VISITS	13	45		2,174.29	48.32	.179	167.25	8.63
CRITICAL CARE	2	7		663.10	94.73	.028	331.55	2.63
SNF/ICF/TRANS IP CARE	2	3		100.48	33.49	.012	50.24	.40
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	80		7 , 626.95	95.34	.317	635.58	30.27
PRINCIPAL SURGEON	9	12		6,268.94	522.41	.048	696.55	24.88
ASSISTANT SURGEON	1	1		186.50	186.50	.004	186.50	.74
ANESTHESIOLOGIST	5	67		1,171.51	17.49	.266	234.30	4.65
OUTPATIENT SURGERY	14	49		3,545.21	72.35	.194	253.23	14.07
PRINCIPAL SURGEON	10	15		2,672.83	178.19	.060	267.28	10.61
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	34		872.38	25.66	.135	145.40	3.46
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	24		1,010.03	42.08	.095	168.34	4.01

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	32	76		2,883.16		37.94	.302		90.10		11.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	4		24.10		6.03	.016		12.05		.10
OTHER SERVICES/ALL X-OVERS	43	131		2,030.65		15.50	.520		47.22		8.06
@PHARMACY	176	3,043	\$	96,853.62	\$	31.83	12.075	\$	550.30	\$	384.34
PRESCRIPTION DRUGS	170	864		93,410.78		108.11	3.429		549.48		370.68
SNF/ICF	19	210		11,966.89		56.99	.833		629.84		47.49
OUTPATIENTS	152	654		81,443.89		124.53	2.595		535.82		323.19
MEDICAL SUPPLIES	34	2,179		3,442.84		1.58	8.647		101.26		13.66
@DENTIST	28	86	\$	4,339.00	\$	50.45	.341	\$	154.96	\$	17.22
VISITS - DIAGNOSTIC	15	47		728.00		15.49	.187		48.53		2.89
ORAL SURGERY	4	12		998.00		83.17	.048		249.50		3.96
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.008		100.00		.79
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	11	20		548.00		27.40	.079		49.82		2.17
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	5		1,865.00		373.00	.020		621.67		7.40
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 10,466
MOP024	FEE-FOR-SERVICE/DENTAI										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FO	R 33 MED	DICALLY NEE	DY - SOC							
							M	IONTI	HLY AVERA	GE	

						MON	IIUTI YAFVA	GE	
252 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@OPTOMETRIST	8	18	\$	387.37	\$ 21.52	.071 \$	48.42	\$	1.54
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.012	47.45		.56

	_									
EYE APPLIANCES	7	15		245.02		16.33	.060	35.00		.97
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
	3	16	Ċ		<u>,</u>		.063		Ċ	
@HOME HEALTH AGENCY	3 0		ې م	1,097.80	\$	68.61				4.36
NURSE ANESTHESIST	<u>o</u>	0	Ş	.00	\$.00	.000		\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	106	624	\$	198,116.11	\$	317.49	2.476	\$ 1869.02	\$	786.18
HOSP INPATIENT TOTAL	26	145		181,601.44		1252.42	.575	6984.67		720.64
HSC HOSPITALS	6	50		72,481.50		1449.63	.198	12080.25		287.63
NON-HSC HOSPITAL TOTAL	13	51		99,632.33		1953.58	.202	7664.03		395.37
ACCOMMODATIONS	13	51		38,733.90		759.49	.202	2979.53		153.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	13	51		38,733.90		759.49	.202	2979.53		153.71
ANCILLARIES	13	0		60,898.43		.00	.000	4684.49		241.66
INPATIENT CROSSOVERS	7	44		9,487.61		215.63	.175	1355.37		37.65
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	89	479		16,514.67		34.48	1.901	185.56		65.53
MEDICAL	10	14		358.84		25.63	.056	35.88		1.42
SURGERY	7	8		340.44		42.56	.032	48.63		1.35
PATHOLOGY	52	212		2,606.74		12.30	.841	50.13		10.34
RADIOLOGY	32	62		8,591.23		138.57	.246	268.48		34.09
ROOM USE	28	35		1,580.87		45.17	.139	56.46		6.27
CROSSOVERS/ALL OTH OUTPTNT	45	148		3,036.55		20.52	.587	67.48		12.05
	6		Ċ		÷				Ċ	
@COUNTY HOSPITAL TOTAL		32	\$	16,749.88				\$ 2791.65	Ş	66.47
CO HOSPITAL INPATIENT TOTAL	2	25		15,684.00		627.36	.099	7842.00		62.24
HSC HOSPITALS	1	11		14,872.00		1352.00	.044	14872.00		59.02
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	14		812.00		58.00	.056	812.00		3.22
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		1,065.88		152.27	.028	266.47		4.23
	1	1		53.37				53.37		
MEDICAL		_				53.37	.004			.21
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	1		19.76		19.76	.004	19.76		.08
RADIOLOGY	1	1		714.67		714.67	.004	714.67		2.84
ROOM USE	2	2		75.15		37.58	.008	37.58		.30
CROSSOVERS/ALL OTH OUTPINT	2	2		202.93		101.47	.008	101.47		.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES 1	MONTH-OF-PAYMENT I	REPOR	T FOR JAN	2002 THRU	DEC 2002	PA	AGE 10,467
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	33 MF.	DICAL	LY NEEDY - SOC						,
		20 III						AONTHIV AMEDA	CF.	

252 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	Ε		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	100	592	- \$	181,366.23	\$	306.36			1813.66		719.71
COMM HOSP INPATIENT TOTAL	24	120		165,917.44		1382.65	.476		6913.23		658.40
HSC HOSPITALS	5	39		57,609.50		1477.17	.155		11521.90		228.61
NON-HSC HOSPITALS TOTAL	13	51		99,632.33		1953.58	.202		7664.03		395.37
ACCOMMODATIONS	13	51		38,733.90		759.49	.202		2979.53		153.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	51		38,733.90		759.49	.202		2979.53		153.71
ANCILLARIES	13	0		60,898.43		.00	.000		4684.49		241.66
INPATIENT CROSSOVERS	6	30		8,675.61		289.19	.119		1445.94		34.43
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	85	472		15,448.79		32.73	1.873		181.75		61.30
MEDICAL	9	13		305.47		23.50	.052		33.94		1.21
SURGERY	7	8		340.44		42.56	.032		48.63		1.35
PATHOLOGY	51	211		2,586.98		12.26	.837		50.73		10.27
RADIOLOGY	31	61		7,876.56		129.12	.242		254.08		31.26
ROOM USE	26	33		1,505.72		45.63	.131		57.91		5.98
CROSSOVERS/ALL OTH OUTPTNT		146	_	2,833.62	_	19.41	.579	_	65.90	_	11.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	~	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	22	855	\$	130,348.77	Ş	152.45		\$	5924.94	Ş	517.26
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	ŭ	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	22	855		130,348.77		152.45	3.393		5924.94		517.26
@INTERMEDIATE CARE FACILDD	0	0	\$	130,340.77	\$.00	.000	Ċ	.00	Ċ	.00
ICF DDH	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	7	\$	3,644.40	\$	520.63		\$	728.88	S	14.46
HOSPITAL BASED	0	0	т	.00	Τ	.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	5	7		3,644.40		520.63	.028		728.88		14.46
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	33	\$	931.10	\$	28.22	.131	\$	93.11	\$	3.69
PATHOLOGY	10	33		931.10		28.22	.131		93.11		3.69
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	41	67	\$	4,243.38	\$	63.33	.266	\$	103.50	\$	16.84
CLINIC	2	17		687.21		40.42	.067		343.61		2.73
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	50		3,556.17			.198		91.18		14.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPOR	r for jan 2	2002 THRU	DEC	2002	P	AGE 10,468
MOP024	FEE-FOR-SERVICE										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR 33 MED	ICALLY	Y NEEDY - SOC							
050			_				M				
252 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
ONLI OMUDD DDCCCTDDC	4.4	OR DAYS OF CAR		16 207 12		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	44	1,860	Þ	16,387.10	\$	8.81		Ş	372.43	Ş	
DURABLE MED. EQUIP.	7 0	35 0		1,370.97		39.17	.139		195.85		5.44
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	122	5,626.48		46.12	.484	937.75	22.33	
AMBULANCES/AIR TRANS	6	120	2,026.48		16.89	.476	337.75	8.04	
OTHER TRANS	0	0	.00		.00	.000	.00	.00	
OTHER SERVICES	2	2	3,600.00	1	.800.00	.008	1800.00	14.29	
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00	
OPTICIAN	4	8	91.24		11.41	.032	22.81	.36	
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00	
PROSTHETICS	0	0	.00		.00	.000	.00	.00	
ORTHOTICS	0	0	.00		.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	1	1.56		1.56	.004	1.56	.01	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00	
ALL OTHER PROVIDERS	26	1,694	9,296.85		5.49	6.722	357.57	36.89	
@CALIF. CHILDREN SERVICES*	13	142	\$ 49,079.55	\$	345.63	.563	\$ 3775.35	\$ 194.76	
@XOVER EXCLUDING STATE HOSP**	69	1,977	\$ 17,395.14	\$	8.80	7.845	\$ 252.10	\$ 69.03	
A			 						

^{0*} Totals in these lines are given as a separate information item only;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,469
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

					MON	E		
800 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	710	28 , 519 \$	3,977,893.20	\$ 139.48	35.649 \$	5602.67	\$ 4972.37	
@PHYSICIANS SERVICES	107	197 \$	3,162.38	\$ 16.05	.246 \$	29.55	\$ 3.95	
OUTPATIENT VISITS	3	3	240.54	80.18	.004	80.18	.30	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	3	3	240.54	80.18	.004	80.18	.30	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	8	19	860.70	45.30	.024	107.59	1.08	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	3	6	482.60	80.43	.008	160.87	.60	
SNF/ICF/TRANS IP CARE	7	13	378.10	29.08	.016	54.01	.47	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

PRINCIPAL SURGEON	1	1		56.34		56.34	.001		56.34		.07
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	5	6		40.66		6.78	.008		8.13		.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	99	168		1,964.14		11.69	.210		19.84		2.46
@PHARMACY	393	2,634	\$	148,901.34	\$	56.53	3.293	Ċ	378.88	Ċ	186.13
	390		۲		Ą			۲	378.06	ې	184.30
PRESCRIPTION DRUGS		2,457		147,442.70		60.01	3.071				
SNF/ICF	345	2,366		143,701.93		60.74	2.958		416.53		179.63
OUTPATIENTS	49	91		3,740.77		41.11	.114		76.34		4.68
MEDICAL SUPPLIES	21	177		1,458.64		8.24	.221		69.46		1.82
@DENTIST	30	93	\$	7,084.25	\$	76.17	.116	\$	236.14	\$	8.86
VISITS - DIAGNOSTIC	26	54		1,177.50		21.81	.068		45.29		1.47
ORAL SURGERY	3	18		1,253.75		69.65	.023		417.92		1.57
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	3		103.00		34.33	.004		103.00		.13
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	18		4,550.00		252.78	.023		505.56		5.69
•	9	0		.00		.00	.023		.00		.00
SPACE MAINTAINERS	0	0									
MAXILLOFACIAL SERVICES	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICES	-	JRES M	.00	EPORT			DEC		P.	AGE 10,470
	•	AND EXPENDIT	JRES M	.00	EPORT			DEC		P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDIT		.00 ONTH-OF-PAYMENT RE	EPORT		2002 THRU	DEC		P.	AGE 10,470
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE	AND EXPENDIT		.00 ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU		2002		AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	AND EXPENDIT	- LTN	.00 ONTH-OF-PAYMENT RE		FOR JAN 2	2002 THRU	ONTI	2002 HLY AVERA	GE	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	AND EXPENDIT NTAL S FOR 34 MN ITS OF SERVIO	- LTN	.00 ONTH-OF-PAYMENT RE G - AGED	AVE	FOR JAN 2 AID CO RAGE COST	2002 THRU DDE M	ONTI	2002 HLY AVERA	GE	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIOR R DAYS OF CA	- LTN	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES	AVE	FOR JAN 2 AID CO RAGE COST UNIT/DAY	2002 THRU DDE M UNITS/DAY PER ELIG	ONTI	2002 HLY AVERA COST PER USER	GE	AGE 10,470 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAL 4	- LTN CE RE	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14	2002 THRU DDE M UNITS/DAY PER ELIG .005	ONTI	2002 HLY AVERA COST PER USER 50.28	GE	AGE 10,470 01/17/03 COST PER ELIGIBLE .13
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIO R DAYS OF CAI 4 1	- LTN CE RE	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001	ONTI	2002 HLY AVERA COST PER USER 50.28 47.45	GE	AGE 10,470 01/17/03 COST PER ELIGIBLE .13 .06
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAL 4 1 3	- LTN CE RE	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70	DDE M UNITS/DAY PER ELIG .005 .001 .004	ONTI	HLY AVERA COST PER USER 50.28 47.45 53.11	GE	AGE 10,470 01/17/03 COST PER ELIGIBLE .13 .06 .07
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAL 4 1 3 0	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00	GE \$	AGE 10,470 01/17/03 COST PER ELIGIBLE .13 .06 .07 .00
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAL 4 1 3 0 0	- LTN CE RE	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00	DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAL 4 1 3 0 0 0 0	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 0 11	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 0 16	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .00 .121.39	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 16 0	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .00 .121.39 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .020 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .11.04 .00	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAL 4 1 3 0 0 0 16 0 0	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 7.59 .00 .00 .00	DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .11.04 .00 .00	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 0 0 0 0 0 0 0 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAD 4 1 3 0 0 0 16 0 0 0 0	- LTN CE RE \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 11	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAD 4 1 3 0 0 0 16 0 0 16	- LTN CE RE \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00 .00 7.59	DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .020 .000	ONTI S (\$ \$	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .00 .00 .11.04 .00 .00 .00	GE \$ \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 11 0 11 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAD 4 1 3 0 0 0 16 0 0 16 0 16 0	- LTN CE \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .00 .121.39 .00 .00 .00 .121.39 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 7.59 .00 .00 7.59 .00 .00	DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI S (2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00	GE \$ \$ \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 11	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAD 4 1 3 0 0 0 16 0 0 16	- LTN CE \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00 .00 7.59	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI S (\$ \$	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00 .00 .00 .00 .00 .00 .00	GE \$ \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 11 0 11 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVICE R DAYS OF CAD 4 1 3 0 0 0 16 0 0 16 0 16 0	- LTN CE \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .00 .121.39 .00 .00 .00 .121.39 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 7.59 .00 .00 7.59 .00 .00	DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI S (\$ \$	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00	GE \$ \$ \$	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN 2 1 1 0 0 0 11 0 0 11 0 0 0 11	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 16 0 0 16 0 0 16 0 0	- LTN CE \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00 .00 7.59 .00 .00 .00 .00 .00 7.59 .00 .00 .00 .00 .00 .00 .00	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI S \$ \$	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S SS	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN 2 1 1 0 0 0 11 0 0 11 0 0 0 11 0 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 16 0 0 16 0 0 0 0 0 0 0 0 0 0 0 0	- LTN CE RE \$ \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00 .00 7.59 .00 .00 .00 .00 .00 .00 .00	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI S S S S S S	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE O S S S	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 1 1 0 0 0 11 0 0 11 0 0 0 11 0 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 16 0 0 16 0 0 0 0 16 0 0 0 0 0 0	- LTN CE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 .00 .00 .	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI S \$ \$ \$ \$	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00 .00 .00 .00 .00 .00 .00 .00	E S S S S S S S S S S S S S S S S S S S	AGE 10,470 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 11 0 0 0 11 0 0 11 0 0 0 11 0 0 0 0 0	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 16 0 0 16 0 0 175	- LTN CE RE \$ \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 7.59 .00 .00 7.59 .00 .00 .00 40.86	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00 .00 .00 .155.43	E S S S S S S S S S S S S S S S S S S S	AGE 10,470 01/17/03 COST PER ELIGIBLE .13 .06 .07 .00 .00 .00 .00 .15 .00 .00 .00 .15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 SAN BENITO COUNTY 800 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN O 2 11 0 0 0 11 0 0 11 0 0 0 11 0 0 46	AND EXPENDITE NTAL S FOR 34 MN ITS OF SERVIC R DAYS OF CAI 4 1 3 0 0 0 16 0 0 16 0 0 0 0 16 0 0 0 0 0 0	- LTN CE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 100.56 47.45 53.11 .00 .00 .00 .00 .121.39 .00 .00 .121.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 25.14 47.45 17.70 .00 .00 .00 .00 .00 .00 .	2002 THRU DDE M UNITS/DAY PER ELIG .005 .001 .004 .000 .000 .000 .000 .000 .000	ONTI	2002 HLY AVERA COST PER USER 50.28 47.45 53.11 .00 .00 .00 .00 .11.04 .00 .00 .11.04 .00 .00 .00 .00 .00 .00 .00 .00 .00	E S S S S S S S S S S S S S S S S S S S	AGE 10,470 01/17/03

OUTPATIENT SURGERY

PRINCIPAL SURGEON

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NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	23	4,659.80	202.60	.029	776.63	5.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	43	152	2,489.83	16.38	.190	57.90	3.11
MEDICAL	2	2	166.06	83.03	.003	83.03	.21
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	43	583.03	13.56	.054	116.61	.73
RADIOLOGY	2	6	101.36	16.89	.008	50.68	.13
ROOM USE	1	2	80.12	40.06	.003	80.12	.10
CROSSOVERS/ALL OTH OUTPINT	39	99	1,559.26	15.75	.124	39.98	1.95
@COUNTY HOSPITAL TOTAL	1	1	\$ 9.72	\$ 9.72	.001	\$ 9.72	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	9.72	9.72	.001	9.72	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 9.72 9.72 .001 9.72 1 1 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,471

MOP024	FEE-FOR-SERVICE		ENDITUR.	ES M	JNTH-OF-PAIMENT RI	EPOR.	I FOR JAN	2002 THRU	DEC	2002	F	01/17/03
SAN BENITO COUNTY	SUMMARY OF SER		34 MN -	T.TNO	G - AGED		AID C	UDE:				01/1//05
SAN BENITO COUNTI	DOMENT OF DER	VICES FOR	J4 PHV	ПТІМ	3 AGED		AID C		רות	THLY AVERA	CF	
800 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST				ОЦ	COST PER
000 22101222	002110	OR DAYS	-		2111 2112 1 0 1 1 2 2		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	011 21110	174	\$	7,139.91	\$	41.03	.218		158.66	Ś	8.92
COMM HOSP INPATIENT TOTAL	6		23	т	4,659.80	τ	202.60	.029	Τ.	776.63	Τ.	5.82
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6		23		4,659.80		202.60	.029		776.63		5.82
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42		151		2,480.11		16.42	.189		59.05		3.10
MEDICAL	2		2		166.06		83.03	.003		83.03		.21
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	5		43		583.03		13.56	.054		116.61		.73
RADIOLOGY	2		6		101.36		16.89	.008		50.68		.13
ROOM USE	1		2		80.12		40.06	.003		80.12		.10
CROSSOVERS/ALL OTH OUTPTNT	38		98		1,549.54		15.81	.123		40.78		1.94
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	629	22	2,622	\$	3,757,677.25	\$	166.11	28.278	\$	5974.05	\$	4697.10
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	629	22	2,622		3,757,677.25		166.11	28.278		5974.05		4697.10
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17		22	\$	14,343.45	\$	651.98	.028	\$	843.73	\$	17.93
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17		22		14,343.45		651.98	.028		843.73		17.93
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5		7	\$	105.09	\$	15.01	.009	\$	21.02	\$.13
PATHOLOGY	5		7		105.09		15.01	.009		21.02		.13
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		16	\$	305.73	\$	19.11	.020	\$	305.73	\$.38
CLINIC	1		15		288.45		19.23	.019		288.45		.36
CIDCICENTED	<u> </u>		0		0.0		$\cap \cap$	$\cap \cap \cap$		0.0		$\cap \cap$

RURAL HEALTH CLINIC 1 17.28 17.28 .001 17.28 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

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SAN BENITO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED

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CLINIC SURGICENTER

HEROIN DETOX CLINIC

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01/17/03

PAGE 10,472

						MON	THLY AVERA	GE -	
800 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	54	2,733	\$	38,942.13	\$ 14.25	3.416 \$	721.15	\$	48.68
DURABLE MED. EQUIP.	2	314		5,469.89	17.42	.393	2734.95		6.84
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	26	171		2,421.06	14.16	.214	93.12		3.03
AMBULANCES/AIR TRANS	7	46		888.06	19.31	.058	126.87		1.11
OTHER TRANS	10	75		374.62	4.99	.094	37.46		.47
OTHER SERVICES	11	50		1,158.38	23.17	.063	105.31		1.45
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	1	4		36.80	9.20	.005	36.80		.05
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	5	18		146.35	8.13	.023	29.27		.18
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	12	275		29,446.68	107.08	.344	2453.89		36.81
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	10	1,951		1,421.35	.73	2.439	142.14		1.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	187	376	\$	53,271.11	\$ 141.68	.470 \$	284.87	\$	66.59
0* TOTALS IN THESE LINES ARE (THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	LINES	•					
** THESE DATA ARE INCLUDED I							~ 0000		
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		ES MO	NTH-OF-PAYMENT RE	SPORT FOR JAN 2	2002 THRU DE	C 2002	PΙ	AGE 10,473 01/17/03
SAN BENITO COUNTY		ICES FOR 35 MN -	LTNO	- BLIND	AID CO	DDE			01/1//00
								с п	

----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1 31 \$ 6,344.58 \$ 204.66 6.200 \$ 6344.58 \$ 1268.92 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 OUTPATIENT VISITS .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 INPATIENT VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE 0 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0	.00	.00	.000	.00		00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		00
	0	0	.00	.00	.000	.00		00
OUTPATIENT SURGERY	0	0		.00				
PRINCIPAL SURGEON	U	0	.00		.000	.00		00
ASSISTANT SURGEON	U	U	.00	.00	.000	.00		00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		00
DIALYSIS	0	0	.00	.00	.000	.00		00
PATHOLOGY	0	0	.00	.00	.000	.00		00
RADIOLOGY	0	0	.00	.00	.000	.00		00
PSYCHIATRY	0	0	.00	.00	.000	.00		00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$	00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		00
SNF/ICF	0	0	.00	.00	.000	.00		00
OUTPATIENTS	0	0	.00	.00	.000	.00		00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00		00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	•	00
ORAL SURGERY	0	0	.00	.00	.000	.00		00
DRUGS	0	0	.00	.00	.000	.00		00
ANESTHESIA	0	0	.00	.00	.000	.00		00
	0	0	.00	.00	.000	.00		00
PERIODONTICS	0	0						
ENDODONTICS	U	0	.00	.00	.000	.00		00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		00
PROSTHETICS	0	Ü	.00	.00	.000	.00		00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT	H-OF-PAYMENT REI	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 10	,474
MOP024	FEE-FOR-SERVICE,	'DENTAL					01/1	7/03
SAN BENITO COUNTY	SUMMARY OF SERV	CES FOR 35 MN - LTNG -	BLIND	AID CC	DDE			
					MON'	THLY AVERAG	GE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST P	ER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIB:	LE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	_	00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		00
EYE APPLIANCES	n	0	.00	.00	.000	.00		00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$			00
VISITS	0	0	.00	.00	.000 \$.00		00
V15115	0	0	.00	.00	.000	.00		0.0

0

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OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

@PODIATRIST

OTHER

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NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXI	PENDITUR	ES MOI	NTH-OF-PAYM	ENT R	EPORT	FOR JAN 2	002 THRU	DEC	2002	PAC	GE 10,475
MOP024	FEE-FOR-SERVICE	E/DENTAL											01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR	35 MN -	LTNG	- BLIND			AID CO	DE				
									1	TINON	HLY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDIT	URES	AVER.	AGE COST	UNITS/DAY	YS (COST PER	CC	OST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELIC	3	USER	ΕI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00

					MON	ITHLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$ 6,344.58	\$ 204.66	6.200	\$ 6344.58	\$ 1268.92
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	31	6,344.58	204.66	6.200	6344.58	1268.92
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER Ω 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,476 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

SAN DENTIO COUNTI	SOMMANT OF SERV	VICES FOR 5.	O IMIN	штиб	DHIND	AID (
							MON	THLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SI	ERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS O	F CARE			PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,477 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

							MC	NΤ	'HLY AVERA	.GE	
65 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	63	3 , 877	\$	281,275.36	\$	72.55	59.646	\$	4464.69	\$	4327.31
@PHYSICIANS SERVICES	11	13	\$	180.70	\$	13.90	.200	\$	16.43	\$	2.78
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OH!!!!! O!!!!!!	0	0		0.0		0.0	0.00		0.0		0.0
OTHER OUTPATIENT	0	U		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
	•	0									
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	•	0									
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0									
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	•										
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	11	13		180.70		13.90	.200		16.43		2.78
@PHARMACY	47	288	\$	22,412.11	\$	77.82	4.431	\$	476.85	\$	344.80
PRESCRIPTION DRUGS	47	288	·	22,412.11	·	77.82	4.431		476.85		344.80
SNF/ICF	47	288		22,412.11		77.82	4.431		476.85		344.80
- , -											
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES @DENTIST	0	0		.00		.00	.000		.00		.00
@DENTIST	5	24	\$	298.00	\$	12.42	.369	\$	59.60	\$	4.58
VISITS - DIAGNOSTIC	5	23		257.00		11.17	.354		51.40		3.95
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0										
DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		41.00		41.00	.015		41.00		.63
	±	1									
PROSTHETICS	Ū	Ū		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	Ü		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	•	•									
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU I	DEC 2	2002	PF	GE 10,478
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR 36 MN -	T.TNG	- DISABLED		AID CC	DF.				
5111 5211110 5551111	001111111111111111111111111111111111111	020 1011 00 1111		210112222		1112 00	MC	тнтис	V MUFRA	CF -	
65 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.7.	ERAGE COST				-	COST PER
02 511619152	OPERS			EVEFUDIIONES				5 CC	ST PER		
		OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.046	\$	53.11	\$.82
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		53.11		17.70	.046		53.11		.82
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	ŭ		Ċ		<u></u>			Ċ		Ċ	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	17.40	\$	5.80	.046	\$	5.80	\$.27
	-	-	•				,				

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	17.40	5.80	.046	5.80	.27
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.000 \$		
FAMILY NURSE PRACTITIONER	U	U Ş	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	2	6 \$	825.49	\$ 137.58	.092 \$	412.75	
HOSP INPATIENT TOTAL	1	5	812.00	162.40	.077	812.00	12.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	812.00	162.40	.077	812.00	12.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	13.49	13.49	.015	13.49	.21
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0		.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	13.49	13.49	.015	13.49	.21
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 10,479
MOP024	FEE-FOR-SERVICE						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	G - DISABLED	AID CO			
					MON7	HLY AVERA	GE
65 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	6 \$	825.49	\$ 137.58	.092 \$	412.75	\$ 12.70
COMM HOSP INPATIENT TOTAL	1	5	812.00	162.40	.077	812.00	12.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	5		812.00		162.40	.077		812.00		12.49
ALL OTHER INPATIENT	0	9		.00		.00	.000		.00		.00
	0	0									
COMM HOSP OUTPATIENT TOTAL	1	1		13.49		13.49	.015		13.49		.21
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		13.49		13.49	.015		13.49		.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	50	1,874	\$	255,812.78	Ċ	136.51	28.831	\$		\$	3935.58
-	8	•	۲		Ą			ې	2308.67	Ą	
LEV A-INTERMEDIATE		269		18,469.32		68.66	4.138				284.14
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	42	1,605		237,343.46		147.88	24.692		5651.03		3651.44
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	•									
HEMODIALYSIS CENTER	U	0	^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•		DEC MO	NTH-OF-PAYMENT R				DEC		ъ	AGE 10,480
MOP024	FEE-FOR-SERVICE		KES MO	NIH-OF-PAIMENI R.	LPURI	FOR JAN 2	.002 IRU	DEC	2002	P	01/17/03
		•	T IIING	DIGADIED		ATD CC	NDE				01/1//03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 36 MN	- LTNG	- DISABLED		AID CC				~-	
							M				
65 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR	E			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	11	1,666	\$	1 , 675.77	\$	1.01	25.631	\$	152.34	\$	25.78
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
ACUPUNCTURE	U	U		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	.062	26.08	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	70.22	10.03	.108	23.41	1.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	1,655	1,553.39	.94	25.462	141.22	23.90
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	21	28	\$ 10,617.23	\$ 379.19	.431	\$ 505.58	\$ 163.34

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,481
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
	0	0			.00		.00		
SERVICES AND MATERIALS	0	0		.00		.000			.00
INPATIENT HOSPITAL SURGERY	0	· · · · · · · · · · · · · · · · · · ·		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	· ·	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	Ō	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONT					P.A	AGE 10,482
MOP024	FEE-FOR-SERVICE/		, 110111	01 111111111111111111111111111111111			20 2002		01/17/03
SAN BENITO COUNTY		CES FOR 37 MN - L	TNG -	FAMILIES	DISCON'	TTN			01/1//00
01111 0001111		1020 1011 07 1111 1			2200011	MOI	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			-	COST PER
00 211010	30110	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	OR DAID OF CARE		.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	Τ'	.00
DIMONICOTTO MIND ANC. INOCED	O	O .		.00	.00	• 0 0 0	.00		• • • •

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	\$.00	Ś	.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00			.000	.00	.00
	0	0				.00			
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		
ALL OTHER ACCOM		0		.00		.00	.000	.00	.00
ANCILLARIES	0	U		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	ñ		.00		.00	.000	.00	.00
ROOM USE	0	ñ		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	RES MON		EPORT FOR				PAGE 10,483
MOP024	FEE-FOR-SERVICE		11011	TIL OF TITITION IN		01114 .			01/17/03
SAN BENITO COUNTY		ICES FOR 37 MN -	T.TNC	- FAMILIES	т	DISCON'	TTN		01/11/03
SIM DUNITO COOMIT	COLUMN OF ORIV	TODO FOR STRIN	שווים	1111111110	1		MONTH	T.Y AVERAC	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERACE	E COST			COST PER
		OT DUTINTOT	_		4 4 4 4 4 4 4 4 4			~~ <u> </u>	~~~ + +++

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0			.00		.00	.000		.00		.00
	0	0										.00
SURGERY	0	-			.00		.00	.000		.00		.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	U	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т		.00	-7	.00	.000	- 1	.00	т.	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т		.00	Ψ	.00	.000	т	.00	Τ.	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	٧		.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą		.00	Ą	.00	.000	ې	.00	Ş	
CLINIC	0	0										.00
SURGICENTER	0	•			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0					.00			.00		.00
#CALIF DEPT OF HEALTH SERV			ES MOI	N'I'H-OF'-PAYMI	ENT RE	PORT	FOR JAN 2	002 THRU	DEC	2002	P	•
	FEE-FOR-SERVICE	•										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES								
										HLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES							
_		OR DAYS OF CARE					. UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000			Ş	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,485 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

DIM BENTIO COUNTY	DOILIMING OF DELIV	VIOLO ION SO HEDION	TT 141	DEDI DINO					
						MO	ONTHLY AVERA	GΕ	
870 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	774	32,427 \$		4,265,513.14	\$ 131.54	37.272	\$ 5511.00	\$	4902.89
@PHYSICIANS SERVICES	118	210 \$		3,343.08	\$ 15.92	.241	\$ 28.33	\$	3.84
OUTPATIENT VISITS	3	3		240.54	80.18	.003	80.18		.28
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	3		240.54	80.18	.003	80.18		.28
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	8	19		860.70	45.30	.022	107.59		.99
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	3	6		482.60	80.43	.007	160.87		.55
SNF/ICF/TRANS IP CARE	7	13		378.10	29.08	.015	54.01		.43
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	1	1	56.3	4	56.34	.001	56.34		.06
PRINCIPAL SURGEON	1	1	56.3	4	56.34	.001	56.34		.06
ASSISTANT SURGEON	0	0	.0	0	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.0	0	.00	.000	.00		.00
DIALYSIS	0	0	.0	0	.00	.000	.00		.00
PATHOLOGY	0	0	.0	0	.00	.000	.00		.00
RADIOLOGY	5	6	40.6	6	6.78	.007	8.13		.05
PSYCHIATRY	0	0	.0	0	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.0	0	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	110	181	2,144.8	4	11.85	.208	19.50		2.47
@PHARMACY	440	2,922 \$	171,313.4	5 \$	58.63	3.359	\$ 389.35	\$	196.91
PRESCRIPTION DRUGS	437	2,745	169,854.8	1	61.88	3.155	388.68		195.24
SNF/ICF	392	2,654	166,114.0	4	62.59	3.051	423.76		190.94
OUTPATIENTS	49	91	3,740.7	7	41.11	.105	76.34		4.30
MEDICAL SUPPLIES	21	177	1,458.6	4	8.24	.203	69.46		1.68
@DENTIST	35	117 \$	7,382.2	5 \$	63.10	.134	\$ 210.92	\$	8.49
VISITS - DIAGNOSTIC	31	77	1,434.5	0	18.63	.089	46.27		1.65
ORAL SURGERY	3	18	1,253.7	5	69.65	.021	417.92		1.44
DRUGS	0	0	.0	0	.00	.000	.00		.00
ANESTHESIA	0	0	.0	0	.00	.000	.00		.00
PERIODONTICS	0	0	.0	0	.00	.000	.00		.00
ENDODONTICS	0	0	.0	0	.00	.000	.00		.00
RESTORATIVE DENTISTRY	2	4	144.0	0	36.00	.005	72.00		.17
PROSTHETICS	0	0	.0	0	.00	.000	.00		.00
DENTURES, STAYPLATES	9	18	4,550.0	0	252.78	.021	505.56		5.23
SPACE MAINTAINERS	0	0	.0	0	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.0	0	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.0	0	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	P.	AGE 10,486
MOP024	FEE-FOR-SERVICE/DENTAL	1							01/17/03

							M	TNC	HLY AVERA	GE	
870 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	7	\$	153.67	\$	21.95	.008	Ś	51.22	\$.18
DIAGNOSTIC AND ANC. PROCED	1	1	'	47.45	'	47.45	.001		47.45		.05
EYE APPLIANCES	2	_ 6		106.22		17.70	.007		53.11		.12
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	۲	.00	Y	.00	.000	Y	.00	Ÿ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	14	19	\$	138.79	\$	7.30	.022	ċ	9.91	Ś	.16
	0	0	ې		Ą			Ą		ې	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	•		.00		.00	.000		.00		.00
RADIO./PATHOLOGY		0		.00		.00	.000		.00		.00
OTHER	14	19		138.79		7.30	.022		9.91		.16
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	48	181	\$	7 , 975.12	\$	44.06	.208	\$	166.15	\$	9.17
HOSP INPATIENT TOTAL	7	28		5 , 471.80		195.42	.032		781.69		6.29
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	7	28		5,471.80		195.42	.032		781.69		6.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	44	153		2,503.32		16.36	.176		56.89		2.88
MEDICAL	2	2		166.06		83.03	.002		83.03		.19
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	43		583.03		13.56	.049		116.61		.67
RADIOLOGY	2	6		101.36		16.89	.007		50.68		.12
ROOM USE	1	2		80.12		40.06	.002		80.12		.09
CROSSOVERS/ALL OTH OUTPTNT	40	100		1,572.75		15.73	.115		39.32		1.81
@COUNTY HOSPITAL TOTAL	1	1	\$	9.72	\$	9.72	.001	Ś	9.72	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	•	.00	.000	·	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		9.72		9.72	.001		9.72		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
MOOM OSE	U	U		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

----- MONTHLY AVERAGE ------870 ELIGIBLES

@COMMUNITY HOSPITAL TOTAL

HOSP INPATIENT TOTAL 870 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,488 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

						MON	ITHLY AVERA	.GE	
870 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	65	4,399	\$	40,617.90	\$ 9.23	5.056	624.89	\$	46.69
DURABLE MED. EQUIP.	2	314		5,469.89	17.42	.361	2734.95		6.29
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	26	171		2,421.06	14.16	.197	93.12		2.78
AMBULANCES/AIR TRANS	7	46		888.06	19.31	.053	126.87		1.02
OTHER TRANS	10	75		374.62	4.99	.086	37.46		.43
OTHER SERVICES	11	50		1,158.38	23.17	.057	105.31		1.33
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	3	8		88.96	11.12	.009	29.65		.10
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	5	18		146.35	8.13	.021	29.27		.17
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	7		70.22	10.03	.008	23.41		.08
HOSPICE SERVICES	12	275		29,446.68	107.08	.316	2453.89		33.85
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	21	3,606		2,974.74	.82	4.145	141.65		3.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	208	404	\$	63,888.34	\$ 158.14	.464	307.16	\$	73.43
0* TOTALS IN THESE LINES ARE G	IVEN AS A SEPARAT	E INFORMATION I	TEM	ONLY;					
THE AMOUNTS ARE ALREADY INC	LUDED IN THE APPR	OPRIATE DETAIL	LINE	ES ABOVE.					
** THESE DATA ARE INCLUDED IN	THE APPROPRIATE	DETAIL LINES AB	OVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	EC 2002	P	AGE 10,489
MOP024	FEE-FOR-SERVICE/I	ENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	ES FOR 39 MEDI	CALI	LY NEEDY - AGED					

----- MONTHLY AVERAGE -----2,843 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,333 43,704 \$ 4,918,103.04 112.53 15.372 \$ 2108.06 \$ 1729.90 \$ @PHYSICIANS SERVICES 491 2,016 38,766.76 19.23 .709 \$ 78.95 \$ 13.64 74 112 44.94 .039 68.02 1.77 OUTPATIENT VISITS 5,033.22 37.52 .98 OFFICE VISITS 54 74 .026 51.42 2,776.66 0 HOME VISITS 0 .00 .00 .000 .00 .00 .011 EMERGENCY ROOM 24 30 2,054.64 68.49 85.61 .72 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 OTHER OUTPATIENT 5 8 201.92 25.24 .003 40.38 .07 32 52.78 105.55 .59 INPATIENT VISITS 16 1,688.85 .011 10 52.42 .004 87.36 HOSPITAL VISITS 524.15 .18 CRITICAL CARE 9 786.60 87.40 .003 157.32 .28 SNF/ICF/TRANS IP CARE 13 378.10 29.08 .005 54.01 .13 OPHTHALMOLOGICAL SERVICES 344.83 43.10 .003 68.97 .12

EXAMINATIONS	5	8		344.83		43.10	.003		68.97		.12
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	38		4,632.04		121.90	.013		661.72		1.63
PRINCIPAL SURGEON	5	7		3,499.59		499.94	.002		699.92		1.23
ASSISTANT SURGEON	1	1		268.03		268.03	.000		268.03		.09
ANESTHESIOLOGIST	4	30		864.42		28.81	.011		216.11		.30
OUTPATIENT SURGERY	12	50		3,980.28		79.61	.018		331.69		1.40
PRINCIPAL SURGEON	10	11		3,093.18		281.20	.004		309.32		1.09
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	39		887.10		22.75	.014		177.42		.31
DIALYSIS	7	39		1,938.68		49.71	.014		276.95		.68
PATHOLOGY	16	41		915.13		22.32	.014		57.20		.32
RADIOLOGY	67	149		5,377.27		36.09	.052		80.26		1.89
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	16		279.94		17.50	.006		93.31		.10
OTHER SERVICES/ALL X-OVERS	390	1,531		14,576.52		9.52	.539		37.38		5.13
@PHARMACY	1,759	10,468	\$	512,569.13	\$	48.97	3.682	\$	291.40	\$	180.29
PRESCRIPTION DRUGS	1,730	7,866		498,192.51		63.33	2.767		287.97		175.23
SNF/ICF	390	2 , 739		166,937.68		60.95	.963		428.05		58.72
OUTPATIENTS	1,347	5,127		331,254.83		64.61	1.803		245.92		116.52
MEDICAL SUPPLIES	220	2,602		14,376.62		5.53	.915		65.35		5.06
@DENTIST	113	459	\$	27,868.61	\$	60.72	.161	\$	246.62	\$	9.80
VISITS - DIAGNOSTIC	82	276		4,399.86		15.94	.097		53.66		1.55
ORAL SURGERY	24	62		3,332.75		53.75	.022		138.86		1.17
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.04
PERIODONTICS	7	9		1,000.00		111.11	.003		142.86		.35
ENDODONTICS	8	21		4,570.00		217.62	.007		571.25		1.61
RESTORATIVE DENTISTRY	20	46		4,968.00		108.00	.016		248.40		1.75
PROSTHETICS	1	1		50.00		50.00	.000		50.00		.02
DENTURES, STAYPLATES	18	43		9,448.00		219.72	.015		524.89		3.32
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PΖ	AGE 10,490
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 39 MED	ICAL:	LY NEEDY - AGED							
							M				

2,843 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 38 117 \$ 2,617.61 \$ 22.37 .041 \$ 68.88 \$.92 DIAGNOSTIC AND ANC. PROCED 19 19 901.47 47.45 .007 47.45 .32 35 98 1,716.14 49.03 EYE APPLIANCES 17.51 .034 .60 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 0 0 .000 .00 VISITS .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 20 34 264.20 7.77 .012 \$ 13.21 .09 MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 0 .00 .000 .00 .00 RADIO./PATHOLOGY .00 20 264.20 7.77 .09 OTHER 34 .012 13.21 7 20 \$ \$.007 \$ @HOME HEALTH AGENCY 1,293.10 64.66 184.73 \$.45 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	290	1,181	\$ 128,586.15	\$	108.88	.415	\$ 443.40	\$ 45.23
HOSP INPATIENT TOTAL	36	160	101,967.84		637.30	.056	2832.44	35.87
HSC HOSPITALS	3	15	13,095.00		873.00	.005	4365.00	4.61
NON-HSC HOSPITAL TOTAL	8	27	64,503.59		2389.02	.009	8062.95	22.69
ACCOMMODATIONS	8	27	23,063.37		854.20	.009	2882.92	8.11
ADMINISTRATIVE DAYS	0	0	30.78CR	2	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	8	27	23,094.15		855.34	.009	2886.77	8.12
ANCILLARIES	8	0	41,440.22		.00	.000	5180.03	14.58
INPATIENT CROSSOVERS	25	118	24,369.25		206.52	.042	974.77	8.57
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	270	1,021	26,618.31		26.07	.359	98.59	9.36
MEDICAL	16	21	1,044.80		49.75	.007	65.30	.37
SURGERY	7	8	776.95		97.12	.003	110.99	.27
PATHOLOGY	54	203	2,666.69		13.14	.071	49.38	.94
RADIOLOGY	30	51	3,725.44		73.05	.018	124.18	1.31
ROOM USE	24	41	1,511.47		36.87	.014	62.98	.53
CROSSOVERS/ALL OTH OUTPINT	221	697	16,892.96		24.24	.245	76.44	5.94
@COUNTY HOSPITAL TOTAL	10	33	\$ 1,395.30	\$	42.28	.012	\$ 139.53	\$.49
CO HOSPITAL INPATIENT TOTAL	1	6	812.00		135.33	.002	812.00	.29
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	812.00		135.33	.002	812.00	.29
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	9	27	583.30	21.60	.009	64.81	.21
MEDICAL	1	2	124.48	62.24	.001	124.48	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	82.29	11.76	.002	41.15	.03
RADIOLOGY	1	1	23.47	23.47	.000	23.47	.01
ROOM USE	6	9	224.03	24.89	.003	37.34	.08
CROSSOVERS/ALL OTH OUTPTNT	5	8	129.03	16.13	.003	25.81	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 10,491
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES 1	FOR 39 MEDICAL	LY NEEDY - AGED				

SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR 39 MEDI	CALL	Y NEEDY - AGED					
						MON	THLY AVERA	GE	
2,843 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	281	1,148	\$	127,190.85	\$ 110.79	.404 \$	452.64	\$	44.74
COMM HOSP INPATIENT TOTAL	35	154		101,155.84	656.86	.054	2890.17		35.58
HSC HOSPITALS	3	15		13,095.00	873.00	.005	4365.00		4.61
NON-HSC HOSPITALS TOTAL	8	27		64,503.59	2389.02	.009	8062.95		22.69
ACCOMMODATIONS	8	27		23,063.37	854.20	.009	2882.92		8.11
ADMINISTRATIVE DAYS	0	0		30.78CR	.00	.000	.00		.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	27		23,094.15	855.34	.009	2886.77		8.12
ANCILLARIES	8	0		41,440.22	.00	.000	5180.03		14.58
INPATIENT CROSSOVERS	24	112		23,557.25	210.33	.039	981.55		8.29
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	262	994		26,035.01	26.19	.350	99.37		9.16
MEDICAL	15	19		920.32	48.44	.007	61.35		.32
SURGERY	7	8		776.95	97.12	.003	110.99		.27
PATHOLOGY	52	196		2,584.40	13.19	.069	49.70		.91
RADIOLOGY	29	50		3,701.97	74.04	.018	127.65		1.30
ROOM USE	19	32		1,287.44	40.23	.011	67.76		.45
CROSSOVERS/ALL OTH OUTPTNT	216	689		16,763.93	24.33	.242	77.61		5.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	·	.00	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	681	24,317	\$	4,070,730.35	\$ 167.40	8.553 \$		\$	1431.84
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00	·	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	3	75		29,818.55	397.58	.026	9939.52		10.49
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	680	24,242		4,040,911.80	166.69	8.527	5942.52		1421.35
@INTERMEDIATE CARE FACILDD	0	,	\$.00	\$.00	.000 \$		Ś	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	61	1,009	\$	66,551.99	\$ 65.96	.355 \$		\$	23.41
HOSPITAL BASED	0	_, 0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	61	1,009		66,551.99	65.96	.355	1091.02		23.41
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
HOSPITAL BASED	0	0	т.	.00	.00	.000	.00	7	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	28	128	\$	1,510.86	\$ 11.80	.045 \$		Ś	.53
PATHOLOGY	27	126	т	1,483.26	11.77	.044	54.94	٠,	.52
XO AND OTHERS	1	2		27.60	13.80	.001	27.60		.01
@ORGANIZED OUTPATIENT CLINIC	162	293	\$	16,765.79	\$ 57.22	.103 \$		Ś	5.90
CLINIC	1	15	т	288.45	19.23	.005	288.45	٠,	.10
022110	_	19		200.10	10.29	• • • • •	200.10		• = 0

.00 Ω 0 .00 .000 .00 .00 SURGICENTER .000 0 0 .00 .00 HEROIN DETOX CLINIC .00 .00 278 16,477.34 59.27 .098 101.71 5.80 RURAL HEALTH CLINIC 162 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,492 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

SAN DENTIO COUNTI	SOMMAKI OF SEK	VICES FOR 39 MEL	тСАП	II NEEDI AGEI	D					
								NTHLY AVERA	-	
2,843 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITU	RES	AVERAGE COST				OST PER
		OR DAYS OF CAR				PER UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	203	3 , 662	\$	50 , 578		\$ 13.81	1.288	•	\$	17.79
DURABLE MED. EQUIP.	5	317		5 , 664	.20	17.87	.112	1132.84		1.99
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	47	404		4,298	.84	10.64	.142	91.46		1.51
AMBULANCES/AIR TRANS	11	71		1,466	.13	20.65	.025	133.28		.52
OTHER TRANS	11	78		393	.44	5.04	.027	35.77		.14
OTHER SERVICES	27	255		2,439	.27	9.57	.090	90.34		.86
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	43	93		1,182	.98	12.72	.033	27.51		.42
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	5	18		146	.35	8.13	.006	29.27		.05
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	6	14		2,006	.27	143.31	.005	334.38		.71
HOSPICE SERVICES	13	305		32,687	.88	107.17	.107	2514.45		11.50
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	96	2,511		4,591	.97	1.83	.883	47.83		1.62
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	645	4,738	\$	141,184	.53	\$ 29.80	1.667	\$ 218.89	\$	49.66
Q+ MOMATO TAL MURCE TIMEO ADE	CITIENT AC A CEDA		THEN	ONIT M.						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,493 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

								MO	TNC	HLY AVERA	.GE	
09 ELIGIBLES	USERS	UNITS OF SER	RVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF	CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	10	14	4 4	\$	11,238.09	\$	78.04	16.000	\$	1123.81	\$	1248.68
@PHYSICIANS SERVICES	4		6	\$	119.10	\$	19.85	.667	\$	29.78	\$	13.23
OUTPATIENT VISITS	1		1		44.60		44.60	.111		44.60		4.96
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1		1		44.60		44.60	.111		44.60		4.96
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0				.00	
RADIOLOGY	0	0	.00	.00	.000		.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	U	•	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	74.50	14.90	.556	24.83	8.28
@PHARMACY	8	40 \$	1,996.72	\$ 49.92	4.444		
PRESCRIPTION DRUGS	8	40	1,996.72	49.92	4.444	249.59	221.86
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	40	1,996.72	49.92	4.444	249.59	221.86
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000		•
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 10,494
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 40 MEDICAL	LLY NEEDY - BLIND				
					MOI	NTHLY AVERA	GE
09 ELIGIBLES	USERS UNI	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.70	DATE OF CARE		DDD INITE /DAIL	DDD DIIO	TTOED	DITOIDID

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 @PODIATRIST \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	3	5 \$	142.86	\$ 28.57	.556 \$	47.62	\$ 15.87
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	142.86	28.57	.556	47.62	15.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.64	32.64	.111	32.64	3.63
CROSSOVERS/ALL OTH OUTPTNT	3	4	110.22	27.56	.444	36.74	12.25
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE 10,495
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICALLY	Y NEEDY - BLIND				
					MON'	THLY AVERA	GE
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5 \$	142.86	\$ 28.57	.556 \$	47.62	\$ 15.87
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
A CCOMMODA ELLONG	Ō	0	0.0	0.0	000	0.0	0.0

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ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	142.86	28.57	.556	47.62	15.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.64	32.64	.111	32.64	3.63
CROSSOVERS/ALL OTH OUTPTNT	3	4	110.22	27.56	.444	36.74	12.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$ 6,344.58	\$ 204.66	3.444	\$ 6344.58	\$ 704.95
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	31	6,344.58	204.66	3.444	6344.58	704.95
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$ 2,164.46	\$ 432.89	.556	\$ 541.12	\$ 240.50
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5	2,164.46	432.89	.556	541.12	240.50
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
XO AND OTHERS	0	0	.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	77.93	\$	77.93	.111	\$ 77.93	\$ 8.66
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	77.93		77.93	.111	77.93	8.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 10,496
MOP024	FEE-FOR-SERVICE/DENT	AL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 40 MEDICA	ALLY NEEDY - BLIND					

DIN DENTIO COUNTI	BOTHING OF BEIN	VICED TOIL	10 1111111		NULUI	DHIND			MO	אויינ	אלים אוים א	CF.	
09 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPEN	IDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	-	COST PER
09 HHIGIDHH	ООППО	OR DAYS			D211 D1	NDIIONED		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	OK DIIIO	56	\$		392.44	Ś	7.01	6.222	Ś	392.44	\$	43.60
DURABLE MED. EQUIP.	0		0	'		.00	'	.00	.000		.00		.00
BLOOD BANK	0		Ō			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0			.00		.00	.000		.00		.00
OTHER TRANS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
ACUPUNCTURE	0		0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0			.00		.00	.000		.00		.00
OPTICIAN	0		0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
ORTHOTICS	0		0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	1		56			392.44		7.01	6.222		392.44		43.60
EPSDT SUPPLEMENTAL SERVICE	0		0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0		0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5		13	\$	2	2,345.93	\$	180.46	1.444	\$	469.19	\$	260.66

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,497 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MC	NTHLY AVERA	4GE	
717 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	709	17 , 625	\$	1,085,449.44	\$	61.59	24.582	\$ 1530.96	\$	1513.88
@PHYSICIANS SERVICES	225	1,639	\$	46,996.81	\$	28.67	2.286	\$ 208.87	\$	65.55

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	73	124		6,704.17		54.07	.173	91.84		9.35
OFFICE VISITS	25	40		1,502.92		37.57	.056	60.12		2.10
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	46	71		4,869.22		68.58	.099	.00 105.85 .00		6.79
PREVENTIVE CARE	0	0		.00		.00				.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	12	13		332.03		25.54 50.25	.018	27.67		.46
INPATIENT VISITS	33	159		7,989.38		50.25	.222	242.10		11.14
HOSPITAL VISITS	31	147		7,002.58		47.64	.205	225.89		9.77
CRITICAL CARE	2	7		831.32		118.76	.010	415.66		1.16
SNF/ICF/TRANS IP CARE	3	5		155.48		31.10	.007	51.83		.22
OPHTHALMOLOGICAL SERVICES	5	5		206.39		41.28	.007	41.28		.29
EXAMINATIONS	5	5		206.39		41.28	.007	41.28		.29
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5 0 13 10	39		.00 4,666.96		119.67	.054	359.00		6.51
	10	12		3,749.76		312.48	.017	374.98		5.23
ASSISTANT SURGEON	1	1		91.59		91.59	.001	91.59		.13
ANESTHESIOLOGIST	5	26		825.61		31.75	.036	165.12		1.15
OUTPATIENT SURGERY	21	65		6,596.03		101.48	.091	314.10		9.20
PRINCIPAL SURGEON	19	25		5,623.05		224.92	.035	295.95		7.84
ASSISTANT SURGEON	1	1		122.86		122.86	.001	122.86		.17
ANESTHESIOLOGIST	4	39		850.12		21.80	.054	212.53		1.19
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	17	13 159 147 7 5 5 5 0 39 12 1 26 65 25 1 39 122 99 119 1 6		91.59 825.61 6,596.03 5,623.05 122.86 850.12 5,262.74 415.11 3,884.75 43.42 221.14		43.14	.170	309.57		7.34
PATHOLOGY	15	99		415.11		4.19	.138	27.67		.58
RADIOLOGY	58	119		3,884.75		32.64	.166	66.98		5.42
PSICHIATRI	1	1		43.42		43.42	.001	43.42		.06
IMMUNIZATION AND INJECTION	5	6		221.14		36.86	.008	44.23		.31
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	137	900		11,006.72		12.23	1.255	80.34		15.35
@PHARMACY	524	5 , 373	\$	301,008.27	\$	56.02	7.494	\$ 574.44	\$	419.82
PRESCRIPTION DRUGS	516	2,711		292,173.38		107.77	3.781	566.23		407.49
SNF/ICF	63	391		26,342.41		107.77 67.37 114.58 3.32	.545	418.13		36.74
OUTPATIENTS	455	2,320		265,830.97		114.58	3.236	584.24		370.75
MEDICAL SUPPLIES	74	2,662		8,834.89		3.32	3.713	119.39		12.32
@DENTIST	57	218	\$	10,621.00	\$	48.72	.304	\$ 186.33	\$	14.81
VISITS - DIAGNOSTIC	36	134		0 000 00		17.33	.187	64.50		3.24
ORAL SURGERY	4	30		1,603.00		53.43	.042	400.75		2.24
DRUGS	0	134 30 0 1 3 3 43 0 3 0 0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		.00 100.00		100.00	.001	100.00		.14
PERIODONTICS	2	3		400.00		133.33	.004	200.00		.56
ENDODONTICS	3	3		735.00		245.00	.004	245.00		1.03
RESTORATIVE DENTISTRY	20	43		4,496.00		104.56	.060	224.80		6.27
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	2	3		965.00		321.67	.004	482.50		1.35
SPACE MAINTAINERS	0	0		.00		.00	.000	482.50		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000			.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES		0				.00	.000	.00		.00
ALL OTHER SERVICES	2	1		.00		.00	.001	.00		.00
	MEDI-CAL SERVICES A	AND EXPENDITU	JRES MO		EPORT	FOR JAN	2002 THRU	DEC 2002	P	AGE 10,498
MOP024	FEE-FOR-SERVICE/DEN									01/17/03
CAN DENIED COUNTY	CHMMADY OF CEDITORS		TONTIV	MEEDY DICABLE	D					

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

						MON	ITHLY AVERA	<u></u>
717 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	20	70	\$	1,486.06	\$ 21.23	.098 \$	74.30	\$ 2.07
DIAGNOSTIC AND ANC. PROCED	11	11		521.95	47.45	.015	47.45	.73

EYE APPLIANCES	20	59		964.11		16.34	.082		48.21		1.34
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	9	\$	235.23	\$	26.14	.013	\$	33.60	\$.33
MEDICINE/INJECTIONS	2	3	'	123.40	·	41.13	.004		61.70	·	.17
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.001		17.30		.02
OTHER	5	5		94.53		18.91	.001		18.91		.13
	5	46	ċ		Ċ			~		ċ	
@HOME HEALTH AGENCY	0		\$	3,343.60	\$	72.69	.064	\$	557.27		4.66
NURSE ANESTHESIST	g .	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	4	5	Ş	122.40	Ş	24.48	.007	\$	30.60	\$.17
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	192	1,551	\$	287,235.06	\$	185.19	2.163	\$	1496.02	\$	400.61
HOSP INPATIENT TOTAL	29	202		255,791.51		1266.29	.282		8820.40		356.75
HSC HOSPITALS	11	98		119,700.00		1221.43	.137		10881.82		166.95
NON-HSC HOSPITAL TOTAL	9	59		129,402.90		2193.27	.082		14378.10		180.48
ACCOMMODATIONS	9	59		60,424.80		1024.15	.082		6713.87		84.27
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	59		60,424.80		1024.15	.082		6713.87		84.27
	9	0									
ANCILLARIES	-			68,978.10		.00	.000		7664.23		96.20
INPATIENT CROSSOVERS	9	45		6,688.61		148.64	.063		743.18		9.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	180	1,349		31,443.55		23.31	1.881		174.69		43.85
MEDICAL	30	58		1,581.10		27.26	.081		52.70		2.21
SURGERY	12	16		1,057.42		66.09	.022		88.12		1.47
PATHOLOGY	93	609		6,980.46		11.46	.849		75.06		9.74
RADIOLOGY	41	85		8,574.12		100.87	.119		209.12		11.96
ROOM USE	62	100		3,919.97		39.20	.139		63.23		5.47
CROSSOVERS/ALL OTH OUTPINT	112	481		9,330.48		19.40	.671		83.31		13.01
@COUNTY HOSPITAL TOTAL	32	149	\$	3,220.64	\$	21.62	.208	\$	100.65	Ś	4.49
CO HOSPITAL INPATIENT TOTAL	1	14	т	812.00	Ψ	58.00	.020	т	812.00	т	1.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0							.00		
ACCOMMODATIONS	0			.00		.00	.000				.00
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	14		812.00		58.00	.020		812.00		1.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	31	135		2,408.64		17.84	.188		77.70		3.36
MEDICAL	5	7		150.88		21.55	.010		30.18		.21
SURGERY	4	4		273.81		68.45	.006		68.45		.38
PATHOLOGY	4	25		128.49		5.14	.035		32.12		.18
RADIOLOGY	3	5		425.69		85.14	.007		141.90		.59
ROOM USE	12	16		534.59		33.41	.022		44.55		.75
CROSSOVERS/ALL OTH OUTPTNT	20	78		895.18		11.48	.109		44.33		1.25
			יכ אר אים		- DODE			ספת		יי רו	
	MEDI-CAL SERVICES AND		L'MOM C'	.n-OF-PAYMENT RE	FLOK.I.	ruk JAN 2	UUZ THKU	DEC	2002	PF	GE 10,499
MOPO24	FEE-FOR-SERVICE/DENTAL				_						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FO	OK 41 MEDIC	ALLY N	HEEDY - DISABLEI	ט		_		מסטוג עודע	C=	
							N	TIMEN		1 'L' _	

		OR DAYS OF CARE	!		PE.	R UNIT/DAY	PER ELTO	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172	1,402	\$	284,014.42	\$	202.58			1651.25		396.11
COMM HOSP INPATIENT TOTAL	28	188	7	254,979.51	т	1356.27	.262	7	9106.41	7	355.62
HSC HOSPITALS	11	98		119,700.00		1221.43	.137		10881.82		166.95
NON-HSC HOSPITALS TOTAL	9	59		129,402.90		2193.27	.082		14378.10		180.48
ACCOMMODATIONS	9	59		60,424.80		1024.15	.082		6713.87		84.27
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	59		60,424.80		1024.15	.082		6713.87		84.27
ANCILLARIES	9	0		68,978.10		.00	.000		7664.23		96.20
INPATIENT CROSSOVERS	8	31		5,876.61		189.57	.043		734.58		8.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	160	1,214		29,034.91		23.92	1.693		181.47		40.49
MEDICAL	25	51		1,430.22		28.04	.071		57.21		1.99
SURGERY	9	12		783.61		65.30	.017		87.07		1.09
PATHOLOGY	89	584		6,851.97		11.73	.815		76.99		9.56
RADIOLOGY	38	80		8,148.43		101.86	.112		214.43		11.36
ROOM USE	52	84		3,385.38		40.30	.117		65.10		4.72
CROSSOVERS/ALL OTH OUTPTNT	95	403		8,435.30		20.93	.562		88.79		11.76
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
	0	0	Ą	.00	Ą	.00	.000	ş	.00	ې	.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	65	2,250	\$	310,829.67	\$	138.15	3.138	ċ	4781.99	ċ	433.51
	8	2 , 230 269	Ą		Ą		.375	Ą	2308.67	Ş	25.76
LEV A-INTERMEDIATE	0	209		18,469.32		68.66			.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00							
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	57	ŭ				.00	.000		.00		.00
LEV B-REGULAR	0	1,981	Ċ	292,360.35	÷	147.58	2.763	ć	5129.13	Ċ	407.76
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	•		.00		.00	.000		.00		.00
ICF DDN/DDCN	42	0	Ċ	.00	÷	.00	.000	ć	.00	Ċ	.00
@HEMODIALYSIS TOTAL		2,157	\$	75,047.22	\$	34.79	3.008	Ş	1786.84	Þ	104.67
HOSPITAL BASED	2 40	42		5,882.06		140.05	.059		2941.03		8.20
HEMODIALYSIS CENTER	40 6	2,115	Ċ	69,165.16	÷	32.70	2.950	ć	1729.13	Ċ	96.46
@REHABILITATION FACILITY	6	31	\$	722.90	\$	23.32		Þ		\$	1.01
HOSPITAL BASED	0	31		722.90		23.32	.043		120.48		1.01
INDEPENDENT FACILITY		0	Ċ	.00	÷	.00	.000	ć	.00	Ċ	.00
@LABORATORY FACILITY	23 23	172	\$	2,018.41	\$	11.73	.240	\$	87.76	Ş	2.82
PATHOLOGY	23	172		2,018.41		11.73	.240		87.76		2.82
XO AND OTHERS	93	0 139	\$.00	Ċ	.00	.000	<u>.</u>	.00	ċ	.00
@ORGANIZED OUTPATIENT CLINIC	93		Ą	10,005.20 165.00	\$	71.98 41.25		\$	107.58 165.00	\$	13.95
CLINIC	0	4 0					.006				.23
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	•	ŭ		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	92	135	TO MO			72.89			106.96	_	13.72
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	CES MC	NTH-OF-PAYMENT RI	EPOR.	T FOR JAN 2	2002 THRU	DEC	2002	F	AGE 10,500
MOP024	FEE-FOR-SERVIC				-						01/17/03
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 41 MEDI	.САЬЬ Ү	NEEDY - DISABLE	D			f∧NT∏	IIII ATTEDA	CE	
717 FITCIBLES	HOEDO	IINTEG OF CEDITOR	,	EADEMDIMIDEO	71 7 7		M				
717 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
ANTI OMITED DECLIPEDS	100	OR DAYS OF CARE		25 777 61		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	100	3,965	Þ	35,777.61	\$	9.02		Þ	357.78	Ş	49.90
DURABLE MED. EQUIP.	11	90		11,296.20		125.51	.126		1026.93		15.75
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	4	12	1,190.93	99.24	.017	297.73	1.66
MEDICAL TRANSPORTATION	16	374	5,025.06	13.44	.522	314.07	7.01
AMBULANCES/AIR TRANS	13	352	4,755.98	13.51	.491	365.84	6.63
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	22	269.08	12.23	.031	89.69	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	48	559.36	11.65	.067	25.43	.78
PHYSICAL THERAPIST	1	1	1.39	1.39	.001	1.39	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	60	6,671.89	111.20	.084	1334.38	9.31
PROSTHETICS	5	60	6,671.89	111.20	.084	1334.38	9.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9	143.80	15.98	.013	35.95	.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	3 , 371	10,888.98	3.23	4.702	247.48	15.19
@CALIF. CHILDREN SERVICES*	25	485	\$. ,	\$ 210.92	.676		\$ 142.67
@XOVER EXCLUDING STATE HOSP**	185	2,954	\$ 44,960.70	\$ 15.22	4.120	\$ 243.03	\$ 62.71

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,501 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR 42 MEDICA.	. Т. Т. Т.	NEEDY - FAMILIES	5		M	ONT	HLY AVERA	CF	
30,189 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.7.E	ERAGE COST				GE	COST PER
30,109 EHIGIBLES	025172	OR DAYS OF CARE		EVERNOTIONES					USER		ELIGIBLE
@OPTOMETRIST	251	810 \$		17,627.36	\$	21.76	.027		70.23	Ċ	.58
DIAGNOSTIC AND ANC. PROCED	171	171		8,054.42	Y	47.10	.006	Y	47.10	Y	.27
EYE APPLIANCES	225	638		9,535.44		14.95	.021		42.38		.32
OTHER OPTOMETRIC SERVICES	1			37.50		37.50	.000		37.50		.00
	0	1			ċ	.00		Ċ	.00	٠.	
@CHIROPRACTOR	0	0 \$.00	\$.000	Þ		\$.00
VISITS	0			.00		.00	.000		.00		.00
OTHER SERVICES	•	0		.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@PODIATRIST	14	19 \$		400.04	\$	21.05	.001	Ş	28.57	۶	.01
MEDICINE/INJECTIONS	14	19		400.04		21.05	.001		28.57		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	45	145 \$		9,870.64	\$	68.07		\$	219.35		.33
NURSE ANESTHESIST	0	0 \$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	3 \$		76.89	\$	25.63	.000	\$	38.45	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	3 , 082	11,718 \$			\$	208.18	.388	\$	791.50	\$	80.80
HOSP INPATIENT TOTAL	320	1,587		2,187,935.97		1378.66	.053		6837.30		72.47
HSC HOSPITALS	71	819		1,039,777.57		1269.57	.027		14644.75		34.44
NON-HSC HOSPITAL TOTAL	249	757		1,146,534.40		1514.58	.025		4604.56		37.98
ACCOMMODATIONS	235	757		414,590.83		547.68	.025		1764.22		13.73
ADMINISTRATIVE DAYS	2	7		1,619.10		231.30	.000		809.55		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	233	750		412,971.73		550.63	.025		1772.41		13.68
ANCILLARIES	248	0		731,943.57		.00	.000		2951.39		24.25
INPATIENT CROSSOVERS	2	11		1,624.00		147.64	.000		812.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,885	10,131		251,462.02		24.82	.336		87.16		8.33
MEDICAL	371	448		14,616.89		32.63	.015		39.40		.48
SURGERY	121	140		8,435.19		60.25	.005		69.71		.28
PATHOLOGY	1,561	5,205		62,977.41		12.10	.172		40.34		2.09
RADIOLOGY	916	1,235		69,854.08		56.56	.041		76.26		2.31
ROOM USE	1,254	1,638		71,421.04		43.60	.054		56.95		2.37
CROSSOVERS/ALL OTH OUTPINI		1,465		24,157.41		16.49	.049		27.74		.80
@COUNTY HOSPITAL TOTAL	174	1,057 \$			\$			Ċ	3750.03	Ġ	21.61
CO HOSPITAL INPATIENT TOTAL		469		630,128.03		1343.56	.016		30006.10	~	20.87
HSC HOSPITALS	21	469		630,128.03		1343.56	.016		30006.10		20.87
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0					.00	.000		.00		
		0		.00							.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1.60	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	160	588		22,377.07		38.06	.019		139.86		.74
MEDICAL	41	52		3,067.86		59.00	.002		74.83		.10
SURGERY	15	22		2,039.77		92.72	.001		135.98		.07
PATHOLOGY	38	140		1,804.43		12.89	.005		47.49		.06
RADIOLOGY	44	93		6,823.94		73.38	.003		155.09		.23
ROOM USE	126	190		7,298.16		38.41	.006		57.92		.24

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

SAN BENITO COUNTY	SUMMARY OF SERVICE	S FOR 42 MED	ICALLY	NEEDY - FAMILII	ES						
20 100			_						THLY AVERA		
30,189 ELIGIBLES		ITS OF SERVIC		EXPENDITURES		RAGE COST			COST PER		COST PER
0.000,000,000,000		R DAYS OF CAR		1 506 000 00		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,944	10,661	\$	1,786,892.89		167.61	.35		606.96	Ş	59.19
COMM HOSP INPATIENT TOTAL	299	1,118		1,557,807.94		1393.39	.03		5210.06		51.60
HSC HOSPITALS	50	350		409,649.54		1170.43	.012		8192.99		13.57
NON-HSC HOSPITALS TOTAL	249	757		1,146,534.40		L514.58	.02		4604.56		37.98
ACCOMMODATIONS	235	757		414,590.83		547.68	.02		1764.22		13.73
ADMINISTRATIVE DAYS	2	7		1,619.10		231.30	.000		809.55		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	233	750		412,971.73		550.63	.02	5	1772.41		13.68
ANCILLARIES	248	0		731,943.57		.00	.000)	2951.39		24.25
INPATIENT CROSSOVERS	2	11		1,624.00		147.64	.000)	812.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000)	.00		.00
COMM HOSP OUTPATIENT TOTAL	2 , 757	9,543		229,084.95		24.01	.31	5	83.09		7.59
MEDICAL	331	396		11,549.03		29.16	.013	3	34.89		.38
SURGERY	107	118		6,395.42		54.20	.004	4	59.77		.21
PATHOLOGY	1,530	5,065		61,172.98		12.08	.168	3	39.98		2.03
RADIOLOGY	875	1,142		63,030.14		55.19	.038	3	72.03		2.09
ROOM USE	1,141	1,448		64,122.88		44.28	.048	3	56.20		2.12
CROSSOVERS/ALL OTH OUTPTNT	827	1,374		22,814.50		16.60	.04	5	27.59		.76
@STATE HOSPITAL	0	0	\$.00		.00	.000		.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	115	\$	75,868.95		659.73	.004		18967.24	\$	2.51
LEV A-INTERMEDIATE	0	0	7	.00		.00	.000		.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	4	115		75,868.95		659.73	.004		18967.24		2.51
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000		.00	\$.00
ICF DDH	0	0	Υ	.00		.00	.000		.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	281	Ś	25,188.19		89.64	.00		1481.66	Ś	.83
HOSPITAL BASED	0	0	٧	.00		.00	.00		.00	٧	.00
HEMODIALYSIS CENTER	17	281		25,188.19		89.64	.00		1481.66		.83
@REHABILITATION FACILITY	9	36	Ś	922.72		25.63	.00		102.52	\$.03
HOSPITAL BASED	9	36	Ą	922.72		25.63	.00		102.52	۲	.03
	0	0		.00		.00	.00		.00		.00
INDEPENDENT FACILITY	711	•	\$	31,279.65		19.57	.050		43.99	\$	1.04
@LABORATORY FACILITY	711	1,598 1,598	Ą	31,279.65		19.57			43.99	Þ	1.04
PATHOLOGY	0	1,598					.053				.00
XO AND OTHERS			Ċ	.00		.00	.000		.00	Ċ	
@ORGANIZED OUTPATIENT CLINIC	3,939	7,114	\$	645,191.04		90.69	.23		163.80	\$	21.37
CLINIC	132	517		14,570.55		28.18	.01		110.38		.48
SURGICENTER	1	1		90.00		90.00	.000		90.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,826	6,596	DEG	630,530.49	D=D6==	95.59	.218		164.80	_	20.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		KES MON	NTH-OF-PAYMENT I	KEPORT	FOR JAN	ZUUZ THRI) DE(2002	Р	AGE 10,504
MOP024	FEE-FOR-SERVICE/DE		T 0 7 T T T	MIDDU	T.C						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	S FOR 42 MED	ICALLY	NEEDY - FAMILII	ES.						

						MON	ITHLY AVERA	GE -	
30,189 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES				C	OST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	701	5,309	\$	100,745.99	\$ 18.98		143.72	\$	3.34
DURABLE MED. EQUIP.	35	66		30,447.83		.002	869.94		1.01
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	2	6			49.23		147.70		.01
MEDICAL TRANSPORTATION	93	1,650		37,349.48	22.64	.055	401.61		1.24
AMBULANCES/AIR TRANS	90	1,593		21,110.10	13.25	.053	234.56		.70
OTHER TRANS	1	48		39.38	.82 1800.00	.002	39.38		.00
OTHER SERVICES	9	9		16,200.00	1800.00	.000	1800.00		.54
ACUPUNCTURE	0	9 0 0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	171	172		13,393.00	77.87	.006	78.32		. 44
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	237	543		5,057.53	9.31	.018	21.34		.17
PHYSICAL THERAPIST	28	40		3,011.76	75.29	.001	21.34 107.56		.10
PORTABLE X-RAY	1	2		60.26	30.13	.000	60.26		.00
PROSTHETIST/ORTHOTISTS	16	32		2,287.28			142.96		.08
PROSTHETICS	16	32		2,287.28			142.96		.08
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	7	29		5,025.68	173.30	.001	.00 717.95 .00		.17
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000			.00
LOCAL EDUCATION AGENCIES	129	756		3,613.01	4.78		28.01		.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000			.00
ALL OTHER PROVIDERS	2	2,013		204.77	.10	.067	102.39		.01
@CALIF. CHILDREN SERVICES*	96	1,070		753,115.49			7844.95		
@XOVER EXCLUDING STATE HOSP**	31	518	\$	•	\$ 22.19				.38
@* TOTALS IN THESE LINES ARE (•	7 22.13	•017	370.01	т	.00
THE AMOUNTS ARE ALREADY INC				•					
** THESE DATA ARE INCLUDED IN				5 1120 V.Z.					
		ES AND EXPENDITU		ONTH-OF-PAYMENT F	EPORT FOR JAN 2	2002 THRU DE	C 2002	PΔ	GE 10,505
	FEE-FOR-SERVICE		11	01 111111111111111111111111111111					01/17/03
		ICES FOR 43 MED	CALL	Y NEEDY					01/1//00
2	TILLIAN OF OHIO			:		MON	ITHLY AVERA	GE -	
22 750 ELICIPIES	HCEDC	INTER OF CERTIC		EADENDIMIDEC	MIEDACE COCH				OCH DED

33,758 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 15,608 122,582 \$ 10,751,114.36 \$ 87.71 3.631 \$ 688.82 \$ 318.48 @PHYSICIANS SERVICES 5,110 14,023 664,612.34 47.39 .415 \$ 130.06 \$ 19.69 5.95 OUTPATIENT VISITS 3,234 4,492 200,988.69 44.74 .133 62.15 2,576 35.46 .076 46.03 2.71 OFFICE VISITS 1,984 91,333.31 HOME VISITS 0 .000 .00 0 .00 .00 .00 1,343 EMERGENCY ROOM 1,122 70,627.67 52.59 .040 62.95 2.09 PREVENTIVE CARE 196.79 49.20 .000 49.20 .01 4 4 277 36,033.91 76.18 130.09 1.07 OB VISITS/COMPRE PERI 473 .014 OTHER OUTPATIENT 83 96 2,797.01 29.14 .003 33.70 .08 957 2.23 INPATIENT VISITS 294 75,436.75 78.83 .028 256.59 258 111.33 603 47.63 .018 .85 HOSPITAL VISITS 28,722.38 138.72 998.21 CRITICAL CARE 46 331 45,917.49 .010 1.36 23 SNF/ICF/TRANS IP CARE 11 796.88 34.65 .001 72.44 .02 OPHTHALMOLOGICAL SERVICES 30 44 1,918.08 43.59 .001 63.94 .06

EXAMINATIONS	30	44	1,918.08	43.59	.001	63.94	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	364	1,218	200,511.70	164.62	.036	550.86	5.94
PRINCIPAL SURGEON	246	276	166,595.04	603.61	.008	677.22	4.93
ASSISTANT SURGEON	56	56	9,180.69	163.94	.002	163.94	.27
ANESTHESIOLOGIST	123	886	24,735.97	27.92	.026	201.11	.73
OUTPATIENT SURGERY	362	795	62 , 353.35	78.43	.024	172.25	1.85
PRINCIPAL SURGEON	308	396	52,233.06	131.90	.012	169.59	1.55
ASSISTANT SURGEON	3	3	416.58	138.86	.000	138.86	.01
ANESTHESIOLOGIST	95	396	9,703.71	24.50	.012	102.14	.29
DIALYSIS	31	181	9,643.54	53.28	.005	311.08	.29
PATHOLOGY	397	746	5,984.68	8.02	.022	15.07	.18
RADIOLOGY	1,274	1,932	53,591.03	27.74	.057	42.07	1.59
PSYCHIATRY	1	1	43.42	43.42	.000	43.42	.00
IMMUNIZATION AND INJECTION	88	229	2,292.55	10.01	.007	26.05	.07
OTHER SERVICES/ALL X-OVERS	915	3,428	51,848.55	15.13	.102	56.67	1.54
@ PHARMACY	8,727	33,233	\$ 1,388,820.97	\$ 41.79	.984	\$ 159.14	\$ 41.14
PRESCRIPTION DRUGS	8,641	26,440	1,351,341.58	51.11	.783	156.39	40.03
SNF/ICF	453	3,130	193,280.09	61.75	.093	426.67	5.73
OUTPATIENTS	8,197	23,310	1,158,061.49	49.68	.691	141.28	34.30
MEDICAL SUPPLIES	529	6,793	37,479.39	5.52	.201	70.85	1.11
@DENTIST	1,468	6,924	\$ 276 , 267.42	\$ 39.90	.205	\$ 188.19	\$ 8.18
VISITS - DIAGNOSTIC	1,077	4,246	70,401.17	16.58	.126	65.37	2.09
ORAL SURGERY	184	412	25,749.75	62.50	.012	139.94	.76
DRUGS	50	54	1,251.00	23.17	.002	25.02	.04
ANESTHESIA	32	33	3,000.00	90.91	.001	93.75	.09
PERIODONTICS	39	43	5,773.00	134.26	.001	148.03	.17
ENDODONTICS	108	234	33,719.00	144.10	.007	312.21	1.00
RESTORATIVE DENTISTRY	536	1,713	115,688.00	67.54	.051	215.84	3.43
PROSTHETICS	4	5	170.00	34.00	.000	42.50	.01
DENTURES, STAYPLATES	32	135	17,257.00	127.83	.004	539.28	.51
SPACE MAINTAINERS	7	11	1,480.00	134.55	.000	211.43	.04

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	22	30	1,632.50	54.42	.001	74.20	.05
ALL OTHER SERVICES	9	8	146.00	18.25	.000	16.22	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 10,506
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES H	FOR 43 MEDICA:	LLY NEEDY				

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 43 MEDI	CALLY	Y NEEDY							
00 550			_				MO			GE	
33,758 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	309	997	\$	21,731.03	\$	21.80	.030	\$	70.33	\$.64
DIAGNOSTIC AND ANC. PROCED	201	201		9,477.84		47.15	.006		47.15		.28
EYE APPLIANCES	280	795		12 , 215.69		15.37	.024		43.63		.36
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000		37.50		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	41	62	\$	899.47	\$	14.51	.002	\$	21.94	\$.03
MEDICINE/INJECTIONS	16	22		523.44		23.79	.001		32.72		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	25	39		358.73		9.20	.001		14.35		.01
@HOME HEALTH AGENCY	58	211	\$	14,507.34	\$	68.76	.006	\$	250.13	\$.43
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	· ·	8	\$	199.29	\$	24.91	.000	Ś	33.22	Ś	.01
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
@TOTAL HOSPITAL	3,567	14,455	\$	2,855,362.06	Ś	197.53	.428	Ś	800.49	Ś	84.58
HOSP INPATIENT TOTAL	385	1,949	Τ	2,545,695.32	т	1306.15	.058	т	6612.20	Τ.	75.41
HSC HOSPITALS	85	932		1,172,572.57		1258.13	.028		13794.97		34.73
NON-HSC HOSPITAL TOTAL	266	843		1,340,440.89		1590.08	.025		5039.25		39.71
ACCOMMODATIONS	252	843		498,079.00		590.84	.025		1976.50		14.75
ADMINISTRATIVE DAYS	2 2	7		1,588.32		226.90	.000		794.16		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	250	836		496,490.68		593.89	.025		1985.96		14.71
ANCILLARIES	265	0		842,361.89		.00	.000		3178.72		24.95
INPATIENT CROSSOVERS	36	174		32,681.86		187.83	.005		907.83		.97
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	3,338	12,506		309,666.74		24.76	.370		92.77		9.17
	3,330 417	12 , 506 527		17,242.79		32.72	.016		41.35		.51
MEDICAL		164									
SURGERY	140			10,269.56		62.62	.005		73.35		.30
PATHOLOGY	1,708	6,017		72,624.56		12.07	.178		42.52		2.15
RADIOLOGY	987	1,371		82,153.64		59.92	.041		83.24		2.43
ROOM USE	1,341	1,780		76,885.12		43.19	.053		57.33		2.28
CROSSOVERS/ALL OTH OUTPINT		2,647		50,491.07		19.07	.078		41.83		1.50
@COUNTY HOSPITAL TOTAL	216	1,239	\$	657,121.04	\$	530.36		Ş	3042.23	Ş	19.47
CO HOSPITAL INPATIENT TOTAL		489		631,752.03		1291.93	.014		27467.48		18.71
HSC HOSPITALS	21	469		630,128.03		1343.56	.014		30006.10		18.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	20		1,624.00		81.20	.001		812.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	200	750	25,369.01	33.83	.022	126.85	.75
MEDICAL	47	61	3,343.22	54.81	.002	71.13	.10
SURGERY	19	26	2,313.58	88.98	.001	121.77	.07
PATHOLOGY	44	172	2,015.21	11.72	.005	45.80	.06
RADIOLOGY	48	99	7,273.10	73.47	.003	151.52	.22
ROOM USE	144	215	8,056.78	37.47	.006	55.95	.24
CROSSOVERS/ALL OTH OUTPTNT	74	177	2,367.12	13.37	.005	31.99	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DE	C 2002	PAGE 10,507
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICA	LLY NEEDY				
					MONT	תמשוות עוניי	TF

SAN BENITO COUNTI	SUMMARI OF SER	VICES FOR 43 MEDI	САББ	I NEEDI			14		מכובות אדווו	CE.	
22 750 BITGIBIES	HORDO	INITES OF SERVICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	2200 0000			HLY AVERA	UGE	
33,758 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
COMMUNITED HOODIEST HORST	2 400	OR DAYS OF CARE		2 100 241 02		- ,	PER ELIG		USER	Ċ	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,400	13,216	\$	2,198,241.02	\$	166.33	.391	Þ	646.54	Þ	65.12
COMM HOSP INPATIENT TOTAL	362	1,460		1,913,943.29		1310.92	.043		5287.14		56.70
HSC HOSPITALS	64	463		542,444.54		1171.59	.014		8475.70		16.07
NON-HSC HOSPITALS TOTAL	266	843		1,340,440.89		1590.08	.025		5039.25		39.71
ACCOMMODATIONS	252	843		498,079.00		590.84	.025		1976.50		14.75
ADMINISTRATIVE DAYS	2	7		1,588.32		226.90	.000		794.16		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	250	836		496,490.68		593.89	.025		1985.96		14.71
ANCILLARIES	265	0		842,361.89		.00	.000		3178.72		24.95
INPATIENT CROSSOVERS	34	154		31,057.86		201.67	.005		913.47		.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,182	11 , 756		284,297.73		24.18	.348		89.35		8.42
MEDICAL	371	466		13,899.57		29.83	.014		37.47		.41
SURGERY	123	138		7,955.98		57.65	.004		64.68		.24
PATHOLOGY	1,671	5 , 845		70,609.35		12.08	.173		42.26		2.09
RADIOLOGY	942	1,272		74,880.54		58.87	.038		79.49		2.22
ROOM USE	1,213	1,565		68,828.34		43.98	.046		56.74		2.04
CROSSOVERS/ALL OTH OUTPTNT	1,141	2,470		48,123.95		19.48	.073		42.18		1.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	751	26,713	\$	4,463,773.55	\$	167.10	.791	\$	5943.77	\$	132.23
LEV A-INTERMEDIATE	8	269		18,469.32		68.66	.008		2308.67		.55
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	7	190		105,687.50		556.25	.006		15098.21		3.13
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	738	26,254		4,339,616.73		165.29	.778		5880.24		128.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	124	3,452	\$	168,951.86	\$	48.94		\$	1362.52	\$	5.00
HOSPITAL BASED	2	42	·	5,882.06	•	140.05	.001	•	2941.03		.17
HEMODIALYSIS CENTER	122	3,410		163,069.80		47.82	.101		1336.64		4.83
@REHABILITATION FACILITY	15	67	\$	1,645.62	\$	24.56	.002	Ś	109.71	Ś	.05
HOSPITAL BASED	15	67	4	1,645.62	7	24.56	.002	-	109.71	-	.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	762	1,898	\$	34,808.92	\$	18.34	.056	Ś	45.68	Ś	1.03
PATHOLOGY	761	1,896	Τ	34,781.32	т	18.34	.056	т	45.70	Τ.	1.03
XO AND OTHERS	1	2		27.60		13.80	.000		27.60		.00
@ORGANIZED OUTPATIENT CLINIC	4,195	7,547	\$	672,039.96	\$	89.05	.224	Ś	160.20	Ś	19.91
CLINIC	134	536	۲	15,024.00	۲	28.03	.016	٧	112.12	۲	.45
CHIMIC	134	550		10,024.00		20.00	.010		114.14		. 10

SURGICENTER 1 1 90.00 90.00 .000 90.00 .00

HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00

RURAL HEALTH CLINIC 4,081 7,010 656,925.96 93.71 .208 160.97 19.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,508

MOPO24 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

			MONTHLY AVERAGE						
33,758 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	1,005	12,992	\$	187,494.53	\$ 14.43	.385	\$ 186.56	\$ 5.55	
DURABLE MED. EQUIP.	51	473		47,408.23	100.23	.014	929.57	1.40	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	6	18		1,486.32	82.57	.001	247.72	.04	
MEDICAL TRANSPORTATION	156	2,428		46,673.38	19.22	.072	299.19	1.38	
AMBULANCES/AIR TRANS	114	2,016		27,332.21	13.56	.060	239.76	.81	
OTHER TRANS	12	126		432.82	3.44	.004	36.07	.01	
OTHER SERVICES	39	286		18,908.35	66.11	.008	484.83	.56	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	171	172		13,393.00	77.87	.005	78.32	.40	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	302	684		6,799.87	9.94	.020	22.52	.20	
PHYSICAL THERAPIST	29	41		3,013.15	73.49	.001	103.90	.09	
PORTABLE X-RAY	6	20		206.61	10.33	.001	34.44	.01	
PROSTHETIST/ORTHOTISTS	21	92		8,959.17	97.38	.003	426.63	.27	
PROSTHETICS	21	92		8,959.17	97.38	.003	426.63	.27	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	17	52		7,175.75	138.00	.002	422.10	.21	
HOSPICE SERVICES	13	305		32,687.88	107.17	.009	2514.45	.97	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	130	812		4,005.45	4.93	.024	30.81	.12	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	142	7 , 895		15,685.72	1.99	.234	110.46	.46	
@CALIF. CHILDREN SERVICES*	121		\$	855,409.99		.046			
@XOVER EXCLUDING STATE HOSP**	866	8,223	\$	199,987.15	\$ 24.32	.244	\$ 230.93	\$ 5.92	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,509 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

		MONITHE AVENAGE									
1,910 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	C	OST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	830	3,943	\$	237,483.65	\$	60.23	2.064	\$	286.12	\$	124.34
@PHYSICIANS SERVICES	289	706	\$	38,822.47	\$	54.99	.370	\$	134.33	\$	20.33
OUTPATIENT VISITS	220	332		14,336.16		43.18	.174		65.16		7.51
OFFICE VISITS	131	165		6 , 085.52		36.88	.086		46.45		3.19
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	78	90		5,032.53		55.92	.047		64.52		2.63
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	28	74		3,098.39		41.87	.039		110.66		1.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	3	3		119.72		39.91	.002		39.91		.06
INPATIENT VISITS	24	145		13,958.40		96.26	.076		581.60		7.31
HOSPITAL VISITS	19	50		2,379.01		47.58	.026		125.21		1.25
CRITICAL CARE	6	95		11,579.39		121.89	.050		1929.90		6.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		169.11		56.37	.002		56.37		.09
EXAMINATIONS	3	3		169.11		56.37	.002		56.37		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0 15	48		4,232.74		88.18	.025		282.18		2.22
PRINCIPAL SURGEON	10	12		2,833.50		236.13	.006		283.35		1.48
ASSISTANT SURGEON	2	2		373.00		186.50	.001		186.50		.20
ANESTHESIOLOGIST	5	34		1,026.24		30.18	.018		205.25		.54
OUTPATIENT SURGERY	8	10		883.31		88.33	.005		110.41		.46
PRINCIPAL SURGEON	8	9		853.45		94.83	.005		106.68		.45
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		29.86		29.86	.001		29.86		.02
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	23	40		294.27		7.36	.021		12.79		.15
RADIOLOGY	66	91		2,906.35		31.94	.048		44.04		1.52
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	6		84.15		14.03	.003		28.05		.04
OTHER SERVICES/ALL X-OVERS	18	31		1,957.98		63.16	.016		108.78		1.03
@PHARMACY	403	985	\$	•	\$	31.46	.516	\$	76.90	\$	16.23
PRESCRIPTION DRUGS	398	948	·	29,720.88	·	31.35	.496		74.68		15.56
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	398	948		29,720.88		31.35	.496		74.68		15.56
MEDICAL SUPPLIES	25	37		1,269.82		34.32	.019		50.79		.66
@DENTIST	85	489	\$	11,550.00	\$	23.62	.256	\$	135.88	\$	6.05
VISITS - DIAGNOSTIC	69	350	·	4,941.50	·	14.12	.183		71.62		2.59
ORAL SURGERY	4	10		790.00		79.00	.005		197.50		.41
DRUGS	2	2		50.00		25.00	.001		25.00		.03
ANESTHESIA	2	2		111.00		55.50	.001		55.50		.06
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	5	6		637.25		106.21	.003		127.45		.33
RESTORATIVE DENTISTRY	33	115		4,894.75		42.56	.060		148.33		2.56
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		52.50		26.25	.001		26.25		.03
ALL OTHER SERVICES	3	2		73.00		36.50	.001		24.33		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES I	MONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 10,510
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
					4- 4	444 544 5	- 00				

----- MONTHLY AVERAGE -----1,910 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER @OPTOMETRIST 22 65 \$ 1,427.64 \$ 21.96 .034 \$ 64.89 \$.75 15 17 731.51 43.03 .009 48.77 .38 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 19 48 696.13 14.50 .025 36.64 .36 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .000 1 33.44 \$ 16.72 .001 \$ 33.44 \$.02 @CHIROPRACTOR VISITS 33.44 16.72 .001 33.44 .02 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 19.35 \$ 9.68 .001 \$ 19.35 \$.01

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

SAN BENITO COUNTY

MEDICINE/INJECTIONS	1	1	10.70	10.70	.001	10.70	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	8.65	8.65	.001	8.65	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	10	\$ 524.95	\$ 52.50	.005	\$ 87.49	\$.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	198	822	\$ 109,040.59	\$ 132.65	.430	\$ 550.71	\$ 57.09
HOSP INPATIENT TOTAL	18	91	90,906.80	998.98	.048	5050.38	47.60
HSC HOSPITALS	7	45	44,262.03	983.60	.024	6323.15	23.17
NON-HSC HOSPITAL TOTAL	11	46	46,644.77	1014.02	.024	4240.43	24.42
ACCOMMODATIONS	11	46	23,646.15	514.05	.024	2149.65	12.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	46	23,646.15	514.05	.024	2149.65	12.38
ANCILLARIES	11	0	22,998.62	.00	.000	2090.78	12.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	188	731	18,133.79	24.81	.383	96.46	9.49
MEDICAL	28	34	1,303.65	38.34	.018	46.56	.68
SURGERY	3	3	168.08	56.03	.002	56.03	.09
PATHOLOGY	98	393	4,311.07	10.97	.206	43.99	2.26
RADIOLOGY	46	56	3,539.50	63.21	.029	76.95	1.85
ROOM USE	106	139	6,786.12	48.82	.073	64.02	3.55
CROSSOVERS/ALL OTH OUTPTNT	64	106	2,025.37	19.11	.055	31.65	1.06
@COUNTY HOSPITAL TOTAL	22	58	\$ 5,643.54	\$.030	\$ 256.52	\$ 2.95
CO HOSPITAL INPATIENT TOTAL	2	3	3,752.00	1250.67	.002	1876.00	1.96
HSC HOSPITALS	2	3	3,752.00	1250.67	.002	1876.00	1.96
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	55	1,891.54	34.39	.029	90.07	.99
MEDICAL	3	3	197.98	65.99	.002	65.99	.10
SURGERY	1	1	34.82	34.82	.001	34.82	.02
PATHOLOGY	4	13	245.84	18.91	.007	61.46	.13
RADIOLOGY	2	2	173.42	86.71	.001	86.71	.09
ROOM USE	16	22	1,076.94	48.95	.012	67.31	.56
CROSSOVERS/ALL OTH OUTPTNT	9	14	162.54	11.61	.007	18.06	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MO	NTH-OF-PAYMENT REPORT	r for jan 2	002 THRU DEC	2002	PAGE 10,511
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 44 MIC - NO	SOC 03 04 2A 45 4A 41	K 4M 5K 7T	82		

----- MONTHLY AVERAGE -----

1,910 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	1011	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	181	764	\$ 103,397.05	\$ 135.34	.400	571.25	\$	54.13
COMM HOSP INPATIENT TOTAL	16	88	87,154.80	990.40	.046	5447.18		45.63
HSC HOSPITALS	5	42	40,510.03	964.52	.022	8102.01		21.21
NON-HSC HOSPITALS TOTAL	11	46	46,644.77	1014.02	.024	4240.43		24.42
ACCOMMODATIONS	11	46	23,646.15	514.05	.024	2149.65		12.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	11	46	23,646.15	514.05	.024	2149.65		12.38
ANCILLARIES	11	0	22,998.62	.00	.000	2090.78		12.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	172	676	16,242.25	24.03	.354	94.43		8.50
MEDICAL	25	31	1,105.67	35.67	.016	44.23		.58
SURGERY	2	2	133.26	66.63	.001	66.63		.07
PATHOLOGY	96	380	4,065.23	10.70	.199	42.35		2.13
RADIOLOGY	44	54	3,366.08	62.33	.028	76.50		1.76
ROOM USE	90	117	5,709.18	48.80	.061	63.44		2.99
CROSSOVERS/ALL OTH OUTPTNT	57	92	1,862.83	20.25	.048	32.68		.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	32	71 \$	1,530.53	\$ 21.56	.037 \$	47.83	\$.80
PATHOLOGY	32	71	1,530.53	21.56	.037	47.83	.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	251	422 \$	36,686.78	\$ 86.94	.221 \$	146.16	\$ 19.21
CLINIC	13	63	1,433.75	22.76	.033	110.29	.75
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	242	359	35,253.03	98.20	.188	145.67	18.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 10,512
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES E	OR 44 MTC -	NO SOC 03 04 2A 45	4A 4K 4M 5K 7	т 82		

----- MONTHLY AVERAGE -----

1,910 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE .05CR

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,513 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 45 MIC - SOC SAN BENITO COUNTY AID CODE

							MON	ITHLY AVERA	GE ·	
19 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	51	246	\$	17,747.22	\$	72.14	12.947	347.98	\$	934.06
@PHYSICIANS SERVICES	17	33	\$	1,526.58	\$	46.26	1.737	89.80	\$	80.35

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	9	17		914.44	53.79	.895	101.60		48.13
OFFICE VISITS	5	8		367.01	45.88	.421	73.40		19.32
HOME VISITS	0	0		.00	.00	.000	.00	J	.00
EMERGENCY ROOM	6	9		547.43	60.83	.474	91.24	ė.	28.81
PREVENTIVE CARE	0	0		.00	.00	.000	.00)	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00)	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00)	.00
INPATIENT VISITS	1	2		96.47	48.24	.105	96.47		5.08
HOSPITAL VISITS	1	2		96.47	48.24	.105	96.47	1	5.08
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0							
ANESTHESIOLOGIST	2	7		.00	.00	.000	.00		.00
OUTPATIENT SURGERY				325.02	46.43	.368	162.51		17.11
PRINCIPAL SURGEON	1	1		264.00	264.00	.053	264.00		13.89
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	6		61.02	10.17	.316	61.02		3.21
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		2.82	2.82	.053	2.82		.15
RADIOLOGY	5	6		187.83	31.31	.316	37.57		9.89
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	j	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	j	.00
@PHARMACY	10	22	\$	665.45	\$ 30.25	1.158	\$ 66.55	, \$	35.02
PRESCRIPTION DRUGS	9	21		649.16	30.91	1.105	72.13	5	34.17
SNF/ICF	0	0		.00	.00	.000	.00)	.00
OUTPATIENTS	9	21		649.16	30.91	1.105	72.13	3	34.17
MEDICAL SUPPLIES	1	1		16.29	16.29	.053	16.29	}	.86
@DENTIST	15	108	\$	3,038.00	\$ 28.13	5.684	\$ 202.53	3 \$	159.89
VISITS - DIAGNOSTIC	12	47		514.00	10.94	2.474	42.83	3	27.05
ORAL SURGERY	2	3		45.00	15.00	.158	22.50)	2.37
DRUGS	2	2		50.00	25.00	.105	25.00)	2.63
ANESTHESIA	0	0		.00	.00	.000	.00)	.00
PERIODONTICS	0	0		.00	.00	.000	.00)	.00
ENDODONTICS	2	9		568.00	63.11	.474	284.00		29.89
RESTORATIVE DENTISTRY	_ 8	47		1,861.00	39.60	2.474	232.63		97.95
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
	MEDI-CAL SERVICES AND E	•	IDEC MANUE						
#CALIF DEPT OF HEALTH SERV		VEFNDIIO	LUNOM CTV	n-Or-PAIMENT K	LEUKI FUK JAI	N ZUUZ THKU	DEC 2002	E	PAGE 10,514
MOP024 SAN BENITO COUNTY	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR	45 MTO	500		7 TD	CODE			01/17/03
SAN DENITO COUNTY	SUMMARI OF SERVICES FOR	45 MIC	, - SUC		AID		ONIMILITY ATTOR) 7/ CIT	
						N	MONTHLY AVER	AGE	

EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
	0	0 \$		٠ ۲						
NURSE MIDWIFE	0	0 \$.00	ې د	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•		.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	20	79 \$	12,131.10		154.32	4.158		609.56	\$	641.64
HOSP INPATIENT TOTAL	3	5	9,966.59	-	1993.32	.263	3.	322.20		524.56
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	5	9,966.59	1	L993.32	.263		322.20		524.56
ACCOMMODATIONS	3	5	2,337.75		467.55	.263		779.25		123.04
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	5	2,337.75		467.55	.263		779.25		123.04
ANCILLARIES	3	0	7,628.84		.00	.000	2.	542.95		401.52
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	74	2,224.56		30.06	3.895		130.86		117.08
MEDICAL	1	1	19.13		19.13	.053		19.13		1.01
SURGERY	0	0	18.00		.00	.000		.00		.95
	10	44	505.77		11.49	2.316		50.58		26.62
PATHOLOGY	7	8								
RADIOLOGY	6		1,146.40		143.30	.421		163.77		60.34
ROOM USE	6	8	269.03		33.63	.421		44.84		14.16
CROSSOVERS/ALL OTH OUTPTNT	5	13	266.23		20.48	.684		53.25		14.01
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
	0	0								
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	U	U	.00		.00	.000		.00		.00
ROOM USE	Ü	Ü	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00		.00	.000		.00		.00
		CES AND EXPENDITURES	MONTH-OF-PAYMENT F	KEPORT	FOR JAN	2002 THRU	DEC 2	JU2	P.	AGE 10,515
MOP024	FEE-FOR-SERVICE									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC -	SOC		AID C					
						Mo				
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY:	S CO	ST PER	(COST PER

		OR DAYS OF CARE]		PER U	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	79	\$	12,191.15	\$	154.32	4.158	\$ 609.56	\$ 641.64
COMM HOSP INPATIENT TOTAL	3	5		9,966.59	1	993.32	.263	3322.20	524.56
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	5		9,966.59	1	993.32	.263	3322.20	524.56
ACCOMMODATIONS	3	5		2 , 337.75	4	467.55	.263	779.25	123.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	3	5		2,337.75	4	467.55	.263	779.25	123.04
ANCILLARIES	3	0		7,628.84		.00	.000	2542.95	401.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	74		2,224.56		30.06	3.895	130.86	117.08
MEDICAL	1	1		19.13		19.13	.053	19.13	1.01
SURGERY	0	0		18.00		.00	.000	.00	.95
PATHOLOGY	10	4 4		505.77		11.49	2.316	50.58	26.62
RADIOLOGY	7	8		1,146.40		143.30	.421	163.77	60.34
ROOM USE	6	8		269.03		33.63	.421	44.84	14.16
CROSSOVERS/ALL OTH OUTPINT	5	13		266.23		20.48	.684	53.25	14.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	326.04	\$	81.51	.211	\$	81.51	\$	17.16
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		326.04		81.51	.211		81.51		17.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-OF	-PAYMENT F	REPORT	FOR JAN 200	2 THRU	DEC	2002	PF	AGE 10,516
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	- SOC			AID CODE					

					MON'	THLY AVERAC	SE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MOP024

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDI	CALL	Y INDIGENT CHILDRI	ΞN		M	ONIT	ילסי <i>וו</i> וג עדעי	CF	
1,929 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7.17	ERAGE COST				1GE	COST PER
1,929 ELIGIBLES	OSEKS			EXECUDITORES		R UNIT/DAY			USER		ELIGIBLE
A O DECOMEED I CE	22	OR DAYS OF CARE 65	Ċ	1,427.64	\$	21.96	.034		64.89	<u>ر</u>	
@OPTOMETRIST	15	17	\$		Ş			Ş	48.77	Þ	.74
DIAGNOSTIC AND ANC. PROCED				731.51		43.03	.009				.38
EYE APPLIANCES	19	48		696.13		14.50	.025		36.64		.36
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.001	Ş	33.44	Ş	.02
VISITS	1	2		33.44		16.72	.001		33.44		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$	19.35	\$	9.68	.001	\$	19.35	\$.01
MEDICINE/INJECTIONS	1	1		10.70		10.70	.001		10.70		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		8.65		8.65	.001		8.65		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	10	\$	524.95	\$	52.50	.005	\$	87.49	\$.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	218	901	\$	121,231.74	\$.467	\$	556.11	\$	62.85
HOSP INPATIENT TOTAL	21	96	т.	100,873.39	т	1050.76	.050	4	4803.49	7	52.29
HSC HOSPITALS	7	45		44,262.03		983.60	.023		6323.15		22.95
NON-HSC HOSPITAL TOTAL	14	51		56,611.36		1110.03	.026		4043.67		29.35
ACCOMMODATIONS	14	51		25,983.90		509.49	.026		1855.99		13.47
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	14	51		25,983.90							
ALL OTHER ACCOM				•		509.49	.026		1855.99		13.47
ANCILLARIES	14	0		30,627.46		.00	.000		2187.68		15.88
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	205	805		20,358.35		25.29	.417		99.31		10.55
MEDICAL	29	35		1,322.78		37.79	.018		45.61		.69
SURGERY	3	3		186.08		62.03	.002		62.03		.10
PATHOLOGY	108	437		4,816.84		11.02	.227		44.60		2.50
RADIOLOGY	53	64		4,685.90		73.22	.033		88.41		2.43
ROOM USE	112	147		7,055.15		47.99	.076		62.99		3.66
CROSSOVERS/ALL OTH OUTPINT		119		2,291.60		19.26	.062		33.21		1.19
@COUNTY HOSPITAL TOTAL	22	58	\$	5,643.54	\$	97.30	.030	\$	256.52	\$	2.93
CO HOSPITAL INPATIENT TOTAL		3		3,752.00		1250.67	.002		1876.00		1.95
HSC HOSPITALS	2	3		3,752.00		1250.67	.002		1876.00		1.95
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	55		1,891.54		34.39	.029		90.07		.98
MEDICAL	3	3		197.98		65.99	.002		65.99		.10
SURGERY	1	1		34.82		34.82	.002		34.82		.02
PATHOLOGY	4 2	13		245.84		18.91	.007		61.46		.13
RADIOLOGY		2		173.42		86.71	.001		86.71		.09
ROOM USE	16	22		1,076.94		48.95	.011		67.31		.56

FEE-FOR-SERVICE/DENTAL

MOP024

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01/17/03

SAN BENITO COUNTY	CLIMMADA OF	SERVICES FOR	16	MEDICATIV	TNIDTCENIE	CHITT DDEN
SAN BENITO COUNTY	SUMMARI OF	SERVICES FOR	46	MEDICALLY	TNDTGENT	CHILDREN

SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 46 MEDICAL	TTA INDIGENT CHILL	REN	14017		C T	
1 000 FLIGHBIRG	Harpa	.mc on onnii		31700300 0000	MON'			
1,929 ELIGIBLES		TS OF SERVICE R DAYS OF CARE	EXPENDITURES	S AVERAGE COST PER UNIT/DAY		COST PER USER		COST PER ELIGIBLE
ACOMMINITED HOODINGS HORSE	201		115 500 00	- '	_	575.07		-
@COMMUNITY HOSPITAL TOTAL	19	843 \$ 93	115,588.20		.437 \$		\$	59.92
COMM HOSP INPATIENT TOTAL	5	93 42	97,121.39		.048	5111.65 8102.01		50.35 21.00
HSC HOSPITALS			40,510.03					
NON-HSC HOSPITALS TOTAL	14	51	56,611.36		.026	4043.67		29.35
ACCOMMODATIONS	14	51	25,983.90		.026	1855.99		13.47
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
ALL OTHER ACCOM	14	51	25,983.90		.026	1855.99		13.47
ANCILLARIES	14	0	30,627.46		.000	2187.68		15.88
INPATIENT CROSSOVERS	0	0	.00		.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	189	750	18,466.81		.389	97.71		9.57
MEDICAL	26	32	1,124.80	35.15	.017	43.26		.58
SURGERY	2	2	151.26	75.63	.001	75.63		.08
PATHOLOGY	106	424	4,571.00		.220	43.12		2.37
RADIOLOGY	51	62	4,512.48	72.78	.032	88.48		2.34
ROOM USE	96	125	5,978.21	47.83	.065	62.27		3.10
CROSSOVERS/ALL OTH OUTPTNT	62	105	2,129.06	20.28	.054	34.34		1.10
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00) \$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
LEV B-REGULAR	0	0	.00		.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00		.000 \$.00	Ś	.00
ICF DDH	0	0	.00		.000	.00		.00
ICF DD	0	0	.00		.000	.00		.00
ICF DDN/DDCN	0	0	.00		.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00		.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	.00	•	.000	.00	т	.00
HEMODIALYSIS CENTER	0	0	.00		.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00		.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	.00		.000	.00	т	.00
INDEPENDENT FACILITY	0	0	.00		.000	.00		.00
@LABORATORY FACILITY	32	71 \$	1,530.53		.037 \$	47.83	Ś	.79
PATHOLOGY	32	71	1,530.53		.037	47.83	٧	.79
XO AND OTHERS	0	0	.00		.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	255	426 \$	37,012.82		.221 \$	145.15	Ś	19.19
CLINIC CLINIC	13	63	1,433.75		.033	110.29	Y	.74
SURGICENTER	0	0	.00		.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00		.00
RURAL HEALTH CLINIC	246	363	35 , 579.07		.188	144.63		18.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A						D.	18.44 AGE 10,520
MOP024	FEE-FOR-SERVICE/DEN		MONIT-OF-PAIMENT	VELOKI LOK NAN	ZUUZ IHKU DE	C 2002	PI	01/17/03
SAN BENITO COUNTY			IV INDICEME CUIT	DEN				01/11/03
SAN DENTIO COUNTI	SUMMARY OF SERVICES	DEOK 40 MEDICAL	тт тиртерит Сцтрг	NITIN				

					MON	THLY AVERAGE	·
1,929 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	54	369 \$	6,857.20	\$ 18.58	.191 \$	126.99	3.55
DURABLE MED. EQUIP.	2	5	1,007.80	201.56	.003	503.90	.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	236	3,831.05	16.23	.122	766.21	1.99
AMBULANCES/AIR TRANS	5	236	3,831.05	16.23	.122	766.21	1.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	787.00	78.70	.005	78.70	.41
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	41	394.33	9.62	.021	20.75	.20
PHYSICAL THERAPIST	1	1	88.69	88.69	.001	88.69	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	76	748.33	9.85	.039	44.02	.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	13	22 \$	94.72CR	\$ 4.31CR	.011 \$	7.29CRS	.05CR

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 10,521 01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE Ω 0 .00 \$.00 .000 \$.00 \$. 00 @TOTAL, ALL PROVIDERS .00 \$ @PHYSICIANS SERVICES Ω Ω .00 .00 .000 \$. 00 OUTPATIENT VISITS Ω 0 .00 . 00 .000 . 00 .00 .00 .000 OFFICE VISITS .00 .00 .00 .00 .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 .000 .00 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 . 00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 PRINCIPAL SURGEON .00 . 00 . 00 .000 . 00 .00 . 00 . 00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .000 .00 .00 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY 0 .00 .00 .000 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 SNF/ICF .00 .00 .000 .00 .00 Ω .00 . 00 .000 . 00 . 00 OUTPATIENTS .00 .00 .000 .00 . 00 MEDICAL SUPPLIES .00 .00 \$.00 \$.000 \$.00 @DENTIST .00 VISITS - DIAGNOSTIC .00 .000 .00 .00 .000 ORAL SURGERY .00 .00 .00 .00 DRUGS .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIA .000 .00 .00 .00 .00 PERIODONTICS .000 .00 .00 .00 .00 .000 ENDODONTICS .00 .00 .00 .00 .000 .00 RESTORATIVE DENTISTRY PROSTHETICS .00 .00 .000 .00 .00 .000 DENTURES, STAYPLATES .00 .00 .00 .00 SPACE MAINTAINERS .00 .00 .000 .00 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 10,522
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA	- NO	SOC - AID PAID PE	SNDIN	G AID CO				~=	
							MO				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(COST PER
_	_	OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ś	.00	Ś	.00		Ś	.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Û	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	0	0	\$		\$			ċ		ċ	
@COUNTY HOSPITAL TOTAL	0	0	Ş	.00	Ş	.00	.000	P	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0									
HSC HOSPITALS	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 10,523
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 47 MIA - NO S	OC - AID PAID PENDING	AID COD	Œ		

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR	47 MIA -	- NO	SOC - AID PAID PE	ENDING AID C	ODE			01,11,00
							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	Ō		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Û		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0							
ROOM USE	0		-		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	Ċ	.00	.00	.000	.00	ċ	.00
@STATE HOSPITAL	0		-	\$.00	\$.00	.000		Ş	.00
MENTALLY ILL	U		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	0		0	\$		\$.00	.000		Ş	.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
LEV B-REGULAR	0		0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000		\$.00
ICF DDH	0		0		.00	.00	.000	.00		.00
ICF DD	0		0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
XO AND OTHERS	0		0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	.00	\$.00
CLINIC	0		0		.00	.00	.000	.00		.00

Ω .00 .00 .000 .00 .00 SURGICENTER 0 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,524 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
A* TOTATO IN TUROR ITHEO ADD	CIVEN AC A CEDAL	DATE THEODMATTON THE	M ONTV.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SAN BENITO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,525 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MO	NTHLY AVERA	GE
107 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	101	565	\$	77,610.00	\$ 137.36	5.280	\$ 768.42	\$ 725.33
@PHYSICIANS SERVICES	50	154	\$	14,342.68	\$ 93.13	1.439	\$ 286.85	\$ 134.04
OUTPATIENT VISITS	24	37		2,807.70	75.88	.346	116.99	26.24
OFFICE VISITS	7	7		365.97	52.28	.065	52.28	3.42
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		157.55	52.52	.028	52.52	1.47
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	2.7		2,284.18	84.60	.252	134.36	21.35

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	10	381.06	38.11	.093	63.51	3.56
HOSPITAL VISITS	6	10	381.06	38.11	.093	63.51	3.56
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	73	10,053.55	137.72	.682	628.35	93.96
PRINCIPAL SURGEON	12	14	8,253.62	589.54	.131	687.80	77.14
ASSISTANT SURGEON	4	4	621.12	155.28	.037	155.28	5.80
ANESTHESIOLOGIST	6	55	1,178.81	21.43	.514	196.47	11.02
OUTPATIENT SURGERY	3	8	388.64	48.58	.075	129.55	3.63
PRINCIPAL SURGEON	2	4	278.78	69.70	.037	139.39	2.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	4	109.86	27.47	.037	54.93	1.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	23.04	4.61	.047	7.68	.22
RADIOLOGY	13	14	635.69	45.41	.131	48.90	5.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5	29.92	5.98	.047	14.96	.28
OTHER SERVICES/ALL X-OVERS	2	2	23.08	11.54	.019	11.54	.22
@PHARMACY	27	72	\$ 1,036.20	\$ 14.39	.673	\$ 38.38	\$ 9.68
PRESCRIPTION DRUGS	27	72	1,036.20	14.39	.673	38.38	9.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	27	72	1,036.20	14.39	.673	38.38	9.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	5	\$ 312.50	\$ 62.50	.047	\$ 156.25	\$ 2.92
VISITS - DIAGNOSTIC	1	3	65.00	21.67	.028	65.00	.61
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	247.50	123.75	.019	247.50	2.31
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•					PAGE 10,526
MOP024	FEE-FOR-SERVICE/DEN			101(1 101(0111(2	.002 IIII(O DEC	2002	01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES		NO SOC - PREGNANT	AID CO	DE		01/11/03
SAN BENITO COUNTI	SOMMAN OF SERVICES	TON 40 MIA	NO BOC TREGNANT	AID CC	MONI	HIV AVERAG	F
107 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
107 EHIGIDHES		DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
CODMONEMDICA	1 1		00 30		.037 \$	90.30	
@OPTOMETRIST	1	4 \$ 1	90.30	\$ 22.58 47.45	·		·
DIAGNOSTIC AND ANC. PROCED	1		47.45		.009	47.45	. 44
EYE APPLIANCES	1	3	42.85	14.28	.028	42.85	.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	15.30	\$ 15.30	.009 \$	15.30	\$.14
MEDICINE/INJECTIONS	1	1	15.30	15.30	.009	15.30	.14
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3 \$	179.85	\$ 59.95	.028 \$	89.93	\$ 1.68
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	46	155 \$	48,901.58	\$ 315.49		1063.08	•
HOSP INPATIENT TOTAL	9	43	46,825.53	1088.97	.402	5202.84	437.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	43	46,825.53	1088.97	.402	5202.84	437.62
ACCOMMODATIONS	Q Q	43	19,502.40	453.54	.402	2166.93	182.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	43	19,502.40	453.54	.402	2166.93	182.27
ANCILLARIES	9	0	27,323.13	.00	.000	3035.90	255.36
	0	0	•		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00			
ALL OTHER INPATIENT	9		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	112	2,076.05	18.54	1.047	51.90	19.40
MEDICAL	2	2	94.66	47.33	.019	47.33	.88
SURGERY	1	1	76.62	76.62	.009	76.62	.72
PATHOLOGY	27	77	749.26	9.73	.720	27.75	7.00
RADIOLOGY	8	8	352.80	44.10	.075	44.10	3.30
ROOM USE	3	4	411.37	102.84	.037	137.12	3.84
CROSSOVERS/ALL OTH OUTPTNT		20	391.34	19.57	.187	78.27	3.66
@COUNTY HOSPITAL TOTAL	5	23 \$	552.09	\$ 24.00	.215 \$	110.42	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	23	552.09	24.00	.215	110.42	5.16
MEDICAL	1	1	16.63	16.63	.009	16.63	.16
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	22.80	11.40	.019	22.80	.21
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	138.25	138.25	.009	138.25	1.29
CROSSOVERS/ALL OTH OUTPTNT	4	19	374.41	19.71	.178	93.60	3.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 10,527
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FO	OR 48 MIA -	NO SOC - PREGNANT	AID CO	DDE		
					MON	THLY AVERAG	GE
107 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAYS	S	COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	132	\$	48,349.49		366.28		Ś	1179.26		
COMM HOSP INPATIENT TOTAL	9	43	4	46,825.53		1088.97	.402	7	5202.84	-	437.62
HSC HOSPITALS	Ō	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	9	43		46,825.53		1088.97	.402		5202.84		437.62
ACCOMMODATIONS	9	43		19,502.40		453.54	.402		2166.93		182.27
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	43		19,502.40		453.54	.402		2166.93		182.27
ANCILLARIES	9	0		27,323.13		.00	.000		3035.90		255.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	35	89		1,523.96		17.12	.832		43.54		14.24
MEDICAL	1	1		78.03		78.03	.009		78.03		.73
SURGERY	1	1		76.62		76.62	.009		76.62		.72
PATHOLOGY	26	75		726.46		9.69	.701		27.94		6.79
RADIOLOGY	8	8		352.80		44.10	.075		44.10		3.30
ROOM USE	2	3		273.12		91.04	.028		136.56		2.55
CROSSOVERS/ALL OTH OUTPINT	1	1		16.93		16.93	.009		16.93		.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	26	\$	662.24	\$	25.47	.243	\$	50.94	\$	6.19
PATHOLOGY	13	26		662.24		25.47	.243		50.94		6.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	132	\$	11,284.33	\$	85.49	1.234	\$	313.45	\$	105.46
CLINIC	3	25		659.70		26.39	.234		219.90		6.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	107		10,624.63		99.30	1.000		321.96		99.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 10,528
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 48 MIA	- NO SOC	- PREGNANT		AID (CODE				
							N	ONTE	HLY AVERA	GE	

107 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 13 \$ @ALL OTHER PROVIDERS 11 785.02 \$ 60.39 .121 \$ 71.37 \$ 7.34 0 0 DURABLE MED. EQUIP. .00 0 .00 BLOOD BANK 0 0 0 0 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION .00 AMBULANCES/AIR TRANS 0 .00 OTHER TRANS OTHER SERVICES .00 0 0 9 0 0 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 5.52 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 OPTICIAN .16 PHYSICAL THERAPIST 1.66 0 .00 PORTABLE X-RAY 0 .00 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS ORTHOTICS .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE 0 0

RESPIRATORY CARE PRACT. 0 0

PED SUBACUTE REHAB/WEANING 0 0

ALL OTHER PROVIDERS 0 0 0

@CALIF. CHILDREN SERVICES* 0 0 \$

@XOVER EXCLUDING STATE HOSP** 0 \$.00 .00 .00 .00 . 00 .00 \$. 00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,529 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC SAN BENITO COUNTY

							M	OM.T.	HLY AVERA	GE .	
107 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER	(COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	101	565	\$	77,610.00	\$	137.36	5.280	\$	768.42	\$	725.33
@PHYSICIANS SERVICES	50	154	\$	14,342.68	\$	93.13	1.439	\$	286.85	\$	134.04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	24	37		2,807.70		75.88		.346		116.99		26.24
OFFICE VISITS	7	7		365.97		52.28		.065		52.28		3.42
HOME VISITS	0	0		.00		.00		.000		.00		.00
EMERGENCY ROOM	3	3		157.55		52.52		.028		52.52		1.47
PREVENTIVE CARE	0	0		.00		.00		.000		.00		.00
OB VISITS/COMPRE PERI	17	27		2,284.18		84.60		.252		134.36		21.35
OTHER OUTPATIENT	0	0		.00		.00		.000		.00		.00
INPATIENT VISITS	6	10		381.06		38.11		.093		63.51		3.56
HOSPITAL VISITS	6	10		381.06		38.11		.093		63.51		3.56
CRITICAL CARE	0	0		.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		.000		.00		.00
EXAMINATIONS	0	0		.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	16	73		10,053.55		137.72		.682		628.35		93.96
PRINCIPAL SURGEON	12	14		8,253.62		589.54		.131		687.80		77.14
ASSISTANT SURGEON	4	4		621.12		155.28		.037		155.28		5.80
ANESTHESIOLOGIST	6	55		1,178.81		21.43		.514		196.47		11.02
OUTPATIENT SURGERY	3	8		388.64		48.58		.075		129.55		3.63
PRINCIPAL SURGEON	2	4		278.78		69.70		.037		139.39		2.61
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	2	4		109.86		27.47		.037		54.93		1.03
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	3	5		23.04		4.61		.047		7.68		.22
RADIOLOGY	13	14		635.69		45.41		.131		48.90		5.94
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	2	5		29.92		5.98		.047		14.96		.28
OTHER SERVICES/ALL X-OVERS	2	2		23.08		11.54		.019		11.54		.22
@ PHARMACY	27	72	\$	1,036.20	\$	14.39		.673	\$	38.38	\$	9.68
PRESCRIPTION DRUGS	27	72	·	1,036.20	·	14.39		.673		38.38		9.68
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	27	72		1,036.20		14.39		.673		38.38		9.68
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	2	5	\$	312.50	\$	62.50		.047	\$	156.25	\$	2.92
VISITS - DIAGNOSTIC	1	3		65.00		21.67		.028		65.00		.61
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	1	2		247.50		123.75		.019		247.50		2.31
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002	THRU	DEC	2002	PAG	SE 10,530
MOP024	FEE-FOR-SERVICE/DEN	TAL										01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

					MON	THLY AVERA	GE
107 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.037	90.30	\$.84
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.009	47.45	.44

EYE APPLIANCES	1	3	42.85	14.28	.028	42.85	.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 15.30	\$ 15.30	.009	\$ 15.30	\$.14
MEDICINE/INJECTIONS	1	1	15.30	15.30	.009	15.30	.14
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3	\$ 179.85	\$ 59.95	.028	\$ 89.93	\$ 1.68
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	46	155	\$ 48,901.58	\$ 315.49	1.449	\$ 1063.08	\$ 457.02
HOSP INPATIENT TOTAL	9	43	46,825.53	1088.97	.402	5202.84	437.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	43	46,825.53	1088.97	.402	5202.84	437.62
ACCOMMODATIONS	9	43	19,502.40	453.54	.402	2166.93	182.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	43	19,502.40	453.54	.402	2166.93	182.27
ANCILLARIES	9	0	27,323.13	.00	.000	3035.90	255.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	112	2,076.05	18.54	1.047	51.90	19.40
MEDICAL	2	2	94.66	47.33	.019	47.33	.88
SURGERY	1	1	76.62	76.62	.009	76.62	.72
PATHOLOGY	27	77	749.26	9.73	.720	27.75	7.00
RADIOLOGY	8	8	352.80	44.10	.075	44.10	3.30
ROOM USE	3	4	411.37	102.84	.037	137.12	3.84

CROSSOVERS/ALL OTH OUTPINT	5	20		391.34		19.57	.187	78.27	3.66
@COUNTY HOSPITAL TOTAL	5	23	\$	552.09	\$	24.00	.215	\$ 110.42	\$ 5.16
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	23		552.09		24.00	.215	110.42	5.16
MEDICAL	1	1		16.63		16.63	.009	16.63	.16
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	2		22.80		11.40	.019	22.80	.21
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	1		138.25		138.25	.009	138.25	1.29
CROSSOVERS/ALL OTH OUTPTNT	4	19		374.41		19.71	.178	93.60	3.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-E	AYMENT RI	EPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 10,531
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	49 ALL 1	MIA - NO SOC						

SAN DENTIO COUNTI	SUMMANT OF SEN	VICES FOR 49 ALL	MITA	110 500				
							NTHLY AVERA	
107 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	CLIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	132	\$	48,349.49	\$ 366.28		\$ 1179.26	\$ 451.86
COMM HOSP INPATIENT TOTAL	9	43		46,825.53	1088.97	.402	5202.84	437.62
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	43		46,825.53	1088.97	.402	5202.84	437.62
ACCOMMODATIONS	9	43		19,502.40	453.54	.402	2166.93	182.27
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	43		19,502.40	453.54	.402	2166.93	182.27
ANCILLARIES	9	0		27,323.13	.00	.000	3035.90	255.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	89		1,523.96	17.12	.832	43.54	14.24
MEDICAL	1	1		78.03	78.03	.009	78.03	.73
SURGERY	1	1		76.62	76.62	.009	76.62	.72
PATHOLOGY	26	75		726.46	9.69	.701	27.94	6.79
RADIOLOGY	8	8		352.80	44.10	.075	44.10	3.30
ROOM USE	2	3		273.12	91.04	.028	136.56	2.55
CROSSOVERS/ALL OTH OUTPINT	1	1		16.93	16.93	.009	16.93	.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	26	\$	662.24	\$	25.47	.243	\$	50.94	\$	6.19
PATHOLOGY	13	26		662.24		25.47	.243		50.94		6.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	132	\$	11,284.33	\$	85.49	1.234	\$	313.45	\$	105.46
CLINIC	3	25		659.70		26.39	.234		219.90		6.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	107		10,624.63		99.30	1.000		321.96		99.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 10,532
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	49 ALI	L MIA	- NO SOC							

107 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 11 13 785.02 60.39 .121 \$ 71.37 \$ 7.34 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .000 HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 591.00 65.67 .084 65.67 5.52 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 16.64 8.32 .019 16.64 .16 PHYSICAL THERAPIST 177.38 88.69 .019 88.69 1.66 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 @XOVER EXCLUDING STATE HOSP** \$.00 \$.00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

		77070 707 F0 WT3 000	T. T. C.	1.10	200		
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 50 MIA - SOC	- LTC	AID C			Ω.Π.
16					MON'		
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000.00	1.0	OR DAYS OF CARE	07 101 40	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	18	759 \$	87,181.48	\$ 114.86	47.438 \$	4843.42	\$ 5448.84
@PHYSICIANS SERVICES	1	3 \$	95.00	\$ 31.67	.188 \$	95.00	\$ 5.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	95.00	31.67	.188	95.00	5.94
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	3	95.00	31.67	.188	95.00	5.94
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
DIALYSIS	0	0		.00			
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	•	.00	.00	.000	.00	.00
PSYCHIATRY	•	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	12	107 \$	7,993.34	\$ 74.70	6.688 \$	666.11	\$ 499.58
PRESCRIPTION DRUGS	12	106	7,943.94	74.94	6.625	662.00	496.50
SNF/ICF	12	106	7,943.94	74.94	6.625	662.00	496.50
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	1	1	49.40	49.40	.063	49.40	3.09
@DENTIST	2	4 \$	105.00	\$ 26.25	.250 \$	52.50	\$ 6.56
VISITS - DIAGNOSTIC	2	3	60.00	20.00	.188	30.00	3.75
ORAL SURGERY	1	1	45.00	45.00	.063	45.00	2.81
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES MON					PAGE 10,534
MOP024	FEE-FOR-SERVICE				LUUL IIII(U DE)		01/17/03

SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA .	- 800 -	LTC	AID CC		ONTEN:		C.E.	
16						 	Mo			ŒĽ.	
16 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	RAGE COST					COST PER
		OR DAYS	OF CARE	_		UNIT/DAY	PER ELIG		USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2		2	\$	67.50	\$ 33.75	.125	\$	33.75	\$	4.22
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		7	\$	102.51	\$ 14.64	.438	\$	51.26	\$	6.41
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		7		102.51	14.64	.438		51.26		6.41
MEDICAL	1		1		20.30	20.30	.063		20.30		1.27
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	1		5		48.89	9.78	.313		48.89		3.06
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	1		1		33.32	33.32	.063		33.32		2.08
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	1		2	\$	53.62	\$ 26.81	.125	\$	53.62	\$	3.35
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ō		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1		2		53.62	26.81	.125		53.62		3.35
MEDICAL	1		1		20.30	20.30	.063		20.30		1.27
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		Ö		.00	.00	.000		.00		.00
ROOM USE	1		1		33.32	33.32	.063		33.32		2.08
0011 002	<u> </u>		_		55.52	00.02	.000		55.52		00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,535 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

		MONTHLY					ONTHLY AVER	AGE	
16 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	OST UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/	DAY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$	48.89	\$ 9.78	.313	\$ 48.89	\$	3.06
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
ALL OTHER ACCOM	0	0		.00	.00		.00		.00
ANCILLARIES	0	0		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	5		48.89	9.78		48.89		3.06
MEDICAL	0	0		.00	.00		.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	1	5		48.89	9.78		48.89		3.06
RADIOLOGY	0	0		.00	.00		.00		.00
ROOM USE	0	0		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00	.00		.00		.00
DEVELOP. DISABLED	0	0		.00	.00		.00		.00
@NURSING FACILITY	15	612	\$	74,409.52	\$ 121.5		\$ 4960.63	\$	4650.60
LEV A-INTERMEDIATE	0	0		.00	.00		.00		.00
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	612		74,409.52		121.58	38.250		4960.63		4650.60
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	40.70	\$	13.57	.188	\$	40.70	\$	2.54
PATHOLOGY	1	3		40.70		13.57	.188		40.70		2.54
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	295.22	\$	147.61	.125	\$	147.61	\$	18.45
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		295.22		147.61	.125		147.61		18.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 10,536
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LT	С		AID (CODE				
								r O N T III	TT 37 A T 7 T T A	α	

DAN DENTIO COUNTI	DOMMANT OF DEIX	VICED FOR JO MIA	500	штс	AID C	7011		
						MON	THLY AVERA	GE
16 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	19	\$	4,072.69	\$ 214.35	1.188 \$	814.54	\$ 254.54
DURABLE MED. EQUIP.	3	15		3,946.09	263.07	.938	1315.36	246.63
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		126.60	31.65	.250	63.30	7.91
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,537 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT SAN BENITO COUNTY AID CODE

SAN BENITO COUNTI	SUMMARI OF SER	/ICES FOR 31 MIA - SOC	- PREGNANT	AID CC			
01 77 777 77					MONT		
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
STACE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 10,538
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE ----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 10,539
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - SOC	- PREGNANT	AID COD	E		
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/DENTAL		.00 NTH-OF-PAYMENT REPORT	.00 FOR JAN 20	.000 02 THRU DEC E	.00	.00 PAGE 10,53 01/17/0

SAN BENITO COUNTY	SUMMARY OF SERV		51 MIA -	- soc -	- PREGNANT		AID CO	DDE				01/1//03
								MO	TINC	HLY AVERAG	GE	
01 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE	E COST	UNITS/DAYS	s c	COST PER		COST PER
		OR DAYS	OF CARE			PER UNI		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00		.00	.000		.00	·	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		Ō	'	.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		Ō		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		Ö	7	.00		.00	.000	7	.00	7	.00
INDEPENDENT FACILITY	0		Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		Ö	\$.00	\$.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0		0	'	.00	т	.00	.000	т	.00	4	.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
CLINIC	0		0	'	.00	т	.00	.000	т	.00	4	.00
0221120	O		0		• 0 0			• 0 0 0		• 0 0		• 0 0

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 10,540
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES F	OR 51 MIA - S	SOC - PREGNANT	AID COI	DΕ		

DOMINANT OF DEINV	TCES FOR	JI HIA	DOC	LINDGIVANI	AID C	ODE		
						MOI	ITHLY AVERA	GE
USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0		0	\$.00	\$.00	.000	.00	\$.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00		.00	.00
0		0						.00
0		0			.00			.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
		USERS UNITS OF	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 00 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DEPT UNIT/DAY 0 0 \$.00 \$	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,541
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 52 AL	L MIA	- SOC					
							ONTHLY AVERA	-	
17 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		T UNITS/DAYS			COST PER
		OR DAYS OF CA				Y PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18	759	\$	87 , 181.48	\$ 114.86	44.647			5128.32
@PHYSICIANS SERVICES	1	3	\$	95.00	\$ 31.67	.176		\$	5.59
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	1	3		95.00	31.67	.176	95.00		5.59
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	3		95.00	31.67	.176	95.00		5.59
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@ PHARMACY	12	107	\$	7,993.34	\$ 74.70	6.294	\$ 666.11	\$	470.20
PRESCRIPTION DRUGS	12	106		7,943.94	74.94	6.235	662.00		467.29
SNF/ICF	12	106		7,943.94	74.94	6.235	662.00		467.29
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	1	1		49.40	49.40	.059	49.40		2.91
@DENTIST	2	4	\$	105.00	\$ 26.25	.235	\$ 52.50	\$	6.18
VISITS - DIAGNOSTIC	2	3		60.00	20.00	.176	30.00		3.53
ORAL SURGERY	1	1		45.00	45.00	.059	45.00		2.65
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	EC 2002	PAGE 10,542
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/17/03

FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

						M	ONT	HLY AVERA	GE	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 67.50	\$	33.75	.118	\$	33.75	\$	3.97
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	7	\$ 102.51	\$	14.64	.412	\$	51.26	\$	6.03
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	7	102.51		14.64	.412		51.26		6.03
MEDICAL	1	1	20.30		20.30	.059		20.30		1.19
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	5	48.89		9.78	.294		48.89		2.88
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	1	1	33.32		33.32	.059		33.32		1.96
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	1	2	\$ 53.62	\$	26.81	.118	\$	53.62	\$	3.15
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DATS	U	U					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	53.62	26.81	.118	53.62	3.15
MEDICAL	1	1	20.30	20.30	.059	20.30	1.19
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.32	33.32	.059	33.32	1.96
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 10,543
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES F	OR 52 ALL MIA	A - SOC				

----- MONTHLY AVERAGE -----17 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .294 \$ 5 48.89 9.78 48.89 \$ 2.88 @COMMUNITY HOSPITAL TOTAL \$ COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 0 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 48.89 9.78 48.89 COMM HOSP OUTPATIENT TOTAL .294 2.88 MEDICAL .00 .00 .000 .00 .00 .000 SURGERY 0 .00 .00 .00 .00 48.89 PATHOLOGY 9.78 .294 48.89 2.88 RADIOLOGY 0 .00 .00 .000 .00 .00 .00 .00 0 .00 .00 .000 ROOM USE .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 @STATE HOSPITAL 0 .00 .00 .000 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 74,409.52 @NURSING FACILITY 15 612 121.58 36.000 4960.63 4377.03 LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING 0 .00 . 00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 0 .00 .000 .00 LEV B-TRANSITIONAL IP CARE 612 74,409.52 121.58 LEV B-REGULAR 15 36.000 4960.63 4377.03 .000 @INTERMEDIATE CARE FACIL.-DD 0 .00 \$.00 .00 \$.00 ICF DDH 0 .00 .00 .00 .00 .000 .00 0 ICF DD .00 .00 .000 .00 0 .00 ICF DDN/DDCN .00 .000 .00 .00 0 .00 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 HOSPITAL BASED .000 .00 HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 \$.00 .000 \$.00 \$.00

.00

.00

.000

.00

.00

HOSPITAL BASED

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	1	3 \$	40.70	\$	13.57	.176	\$ 40.70	\$	2.39
PATHOLOGY	1	3	40.70		13.57	.176	40.70		2.39
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	295.22	\$	147.61	.118	\$ 147.61	\$	17.37
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2	2	295.22		147.61	.118	147.61		17.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	P.	AGE 10,544
MOP024	FEE-FOR-SERVICE/DENTAI	L							01/17/03

----- MONTHLY AVERAGE -----

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
17 6010000	ODENS	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	19 \$	4,072.69	\$ 214.35	1.118 \$		-
DURABLE MED. EQUIP.	3	15	3,946.09	263.07	.882	1315.36	232.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
	0	0					
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	U	U	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	Ü	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	126.60	31.65	.235	63.30	7.45
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
-		- '					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,545 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 10,546
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 0 .00 .000 .00 EYE APPLIANCES 0 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .00 .00 VISITS .00 .00 .000 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .000 SURGERY/ANES. .00 .00 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 .00 OTHER .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 .000 .00 Ω .00 \$.00 \$.00 NURSE ANESTHESIST \$.00 .000 .00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$.00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 .00 RADIOLOGY .00 .00 .000 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.0	0	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.0	0 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
HSC HOSPITALS	0	0	.0	0	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00	.00
ANCILLARIES	0	0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
MEDICAL	0	0	.0	0	.00	.000	.00	.00
SURGERY	0	0	.0	0	.00	.000	.00	.00
PATHOLOGY	0	0	.0	0	.00	.000	.00	.00
RADIOLOGY	0	0	.0	0	.00	.000	.00	.00
ROOM USE	0	0	.0	0	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.0	0	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 10,547
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	53 FOR F	JTURE USE					

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPI	ENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	3	.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	PA	GE 10,548
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR 1	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

124 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1	4	\$	90.30	\$	22.58	.032	\$	90.30	\$.73
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.008		47.45	.38
EYE APPLIANCES	1	3		42.85		14.28	.024		42.85	.35
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	1	1	\$	15.30	\$	15.30	.008	\$	15.30	\$.12
MEDICINE/INJECTIONS	1	1		15.30		15.30	.008		15.30	.12
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	2	3	\$	179.85	\$	59.95		\$	89.93	\$ 1.45
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	67.50	\$	33.75	.016	\$	33.75	\$.54
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	48	162	\$	49,004.09	\$	302.49	1.306	\$	1020.92	\$ 395.19
HOSP INPATIENT TOTAL	9	43		46,825.53		1088.97	.347		5202.84	377.63
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	9	43		46,825.53		1088.97	.347		5202.84	377.63
ACCOMMODATIONS	9	43		19,502.40		453.54	.347		2166.93	157.28
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	9	43		19,502.40		453.54	.347		2166.93	157.28
ANCILLARIES	9	0		27,323.13		.00	.000		3035.90	220.35
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

HOSP OUTPATIENT TOTAL	42	119		2,178.56		18.31	.960		51.87		17.57
MEDICAL	3	3		114.96		38.32	.024		38.32		.93
SURGERY	1	1		76.62		76.62	.008		76.62		.62
PATHOLOGY	28	82		798.15		9.73	.661		28.51		6.44
RADIOLOGY	8	8		352.80		44.10	.065		44.10		2.85
ROOM USE	4	5		444.69		88.94	.040		111.17		3.59
CROSSOVERS/ALL OTH OUTPTNT	5	20		391.34		19.57	.161		78.27		3.16
@COUNTY HOSPITAL TOTAL	6	25	\$	605.71	\$	24.23	.202	\$	100.95	\$	4.88
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	25		605.71		24.23	.202		100.95		4.88
MEDICAL	2	2		36.93		18.47	.016		18.47		.30
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		22.80		11.40	.016		22.80		.18
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		171.57		85.79	.016		85.79		1.38
CROSSOVERS/ALL OTH OUTPTNT		19		374.41		19.71	.153		93.60		3.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2002 THRU	DEC	2002	PAC	GE 10,551
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICAL	LY INDIGENT ADULTS							

DAN DENTIO COUNTI	DOMINANT OF DEIN	VICED FOR	O- HEDI	СИППІ	INDIGENI ADOLIS						
							MONTHLY AVERAGE				
124 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER	
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	42		137	\$	48,398.38	\$ 353.27	1.105	\$ 1152.34	\$	390.31	
COMM HOSP INPATIENT TOTAL	9		43		46,825.53	1088.97	.347	5202.84		377.63	
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	9		43		46,825.53	1088.97	.347	5202.84		377.63	
ACCOMMODATIONS	9		43		19,502.40	453.54	.347	2166.93		157.28	
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	9		43		19,502.40	453.54	.347	2166.93		157.28	
ANCILLARIES	9		0		27,323.13	.00	.000	3035.90		220.35	
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00	
COMM HOSP OUTPATIENT TOTAL	36		94		1,572.85	16.73	.758	43.69		12.68	
MEDICAL	1		1		78.03	78.03	.008	78.03		.63	
SURGERY	1		1		76.62	76.62	.008	76.62		.62	
PATHOLOGY	27		80		775.35	9.69	.645	28.72		6.25	
RADIOLOGY	8		8		352.80	44.10	.065	44.10		2.85	
ROOM USE	2		3		273.12	91.04	.024	136.56		2.20	
CROSSOVERS/ALL OTH OUTPTNT	1		1		16.93	16.93	.008	16.93		.14	
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0		0		.00	.00	.000	.00		.00	
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00	
@NURSING FACILITY	15		612	\$	74,409.52	\$ 121.58	4.935	\$ 4960.63	\$	600.08	
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00	
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00	
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	612		74,409.52		121.58	4.935		4960.63		600.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	29	\$	702.94	\$	24.24	.234	\$	50.21	\$	5.67
PATHOLOGY	14	29		702.94		24.24	.234		50.21		5.67
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	38	134	\$	11,579.55	\$	86.41	1.081	\$	304.73	\$	93.38
CLINIC	3	25		659.70		26.39	.202		219.90		5.32
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	35	109		10,919.85		100.18	.879		312.00		88.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 10,552
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	54 ME	DICALLY	INDIGENT ADULTS							

DAN BENTTO COUNTY	SOMMAN OF SEN	VICES FOR S4 MEDI	СИППІ	INDIGENI ADOBIS		14017		O.T.
104 51 5655 56						MON		
124 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	32	\$	4,857.71	\$ 151.80	.258 \$		·
DURABLE MED. EQUIP.	3	15		3,946.09	263.07	.121	1315.36	31.82
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9		591.00	65.67	.073	65.67	4.77
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		16.64	8.32	.016	16.64	.13
PHYSICAL THERAPIST	2	2		177.38	88.69	.016	88.69	1.43
PORTABLE X-RAY	2	4		126.60	31.65	.032	63.30	1.02
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$		\$.00
	-	•	•					

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 10,553

----- MONTHLY AVERAGE -----

01/17/03

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

						IUTI AAFKA	
7,197 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,558	90,276 \$	5,995,095.69	\$ 66.41	12.544 \$	1078.64	\$ 833.00
@PHYSICIANS SERVICES	1,166	3,948 \$		\$ 17.37	.549 \$	58.83	
OUTPATIENT VISITS	95	139	6,355.66	45.72	.019	66.90	.88
OFFICE VISITS	69	94	3,501.46	37.25	.013	50.75	.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	37	2,652.28	71.68	.005	85.56	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	8	201.92	25.24	.001	40.38	.03
INPATIENT VISITS	21	42	2,298.50	54.73	.006	109.45	.32
HOSPITAL VISITS	11	19	1,012.20	53.27	.003	92.02	.14
CRITICAL CARE	6	10	908.20	90.82	.003	151.37	.13
SNF/ICF/TRANS IP CARE	7	13	378.10	29.08	.002	54.01	.05
	7	10		42.41	.002	60.59	.05
OPHTHALMOLOGICAL SERVICES	7	10	424.11	42.41			
EXAMINATIONS	0	0	424.11	.00	.001	60.59	.06
SERVICES AND MATERIALS	9	· · · · · · · · · · · · · · · · · · ·					.00
INPATIENT HOSPITAL SURGERY	9	48	5,312.79	110.68	.007	590.31	.74
PRINCIPAL SURGEON	6	8	3,965.71	495.71	.001	660.95	.55
ASSISTANT SURGEON	1	1	268.03	268.03	.000	268.03	.04
ANESTHESIOLOGIST	5	39	1,079.05	27.67	.005	215.81	.15
OUTPATIENT SURGERY	15	55	4,222.28	76.77	.008	281.49	.59
PRINCIPAL SURGEON	13	16	3,335.18	208.45	.002	256.55	. 46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	39	887.10	22.75	.005	177.42	.12
DIALYSIS	9	49	2,521.72	51.46	.007	280.19	.35
PATHOLOGY	22	60	987.22	16.45	.008	44.87	.14
RADIOLOGY	79	173	6,097.20	35.24	.024	77.18	.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	16	279.94	17.50	.002	93.31	.04
OTHER SERVICES/ALL X-OVERS	1,036	3 , 356	40,094.37	11.95	.466	38.70	5.57
@PHARMACY	4,565	25,251 \$		\$ 44.82	3.509 \$		
PRESCRIPTION DRUGS	4,515	18,213	1,091,588.87	59.93	2.531	241.77	151.67
SNF/ICF	399	2,809	171,324.05	60.99	.390	429.38	23.80
OUTPATIENTS	4,124	15,404	920,264.82	59.74	2.140	223.15	127.87
MEDICAL SUPPLIES	533	7,038	40,250.11	5.72	.978	75.52	5.59
@DENTIST	259	1,130 \$		\$ 50.50	.157 \$	220.33	\$ 7.93
VISITS - DIAGNOSTIC	177	704	9,951.21	14.14	.098	56.22	1.38
ORAL SURGERY	36	94	4,770.75	50.75	.013	132.52	.66
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	16	18	2,655.00	147.50	.003	165.94	.37
ENDODONTICS	16	31	7,130.00	230.00	.004	445.63	.99
RESTORATIVE DENTISTRY	60	174	16,803.00	96.57	.024	280.05	2.33
PROSTHETICS	2	2	100.00	50.00	.000	50.00	.01
DENTURES, STAYPLATES	41	105	15,455.68	147.20	.015	376.97	2.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 10,554
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03

SUMMARY OF SERVICES FOR 55 ALL AGED

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----7,197 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 299 6,656.56 22.26 .042 \$ 69.34 \$. 92 DIAGNOSTIC AND ANC. PROCED 48 2,252.66 46.93 .007 46.93 .31 248 4,291.24 17.30 .034 48.76 EYE APPLIANCES .60 37.55 56.33 OTHER OPTOMETRIC SERVICES 112.66 .000 .02 0 .00 .00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 0 .00 .000 OTHER SERVICES .00 .00 .00 1,141.60 11.53 .014 \$ 24.82 \$ @PODIATRIST 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY .00 .00 .00 .00 OTHER 99 1,141.60 11.53 .014 24.82 .16 @HOME HEALTH AGENCY 1,293.10 \$ 64.66 .003 \$ 184.73 \$.18 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 .00 .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 2,887 @TOTAL HOSPITAL 759 267,072.34 \$ 92.51 .401 \$ 351.87 37.11 506 207,734.07 410.54 .070 1978.42 HOSP INPATIENT TOTAL HSC HOSPITALS 9 36 30,811.92 855.89 .005 3423.55 4.28 1807.64 13 54 .008 7508.65 NON-HSC HOSPITAL TOTAL 97,612.47 13.56 13 34,896.55 646.23 2684.35 ACCOMMODATIONS .008 4.85 0 30.78CR .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 13 34,927.33 ALL OTHER ACCOM 646.80 .008 2686.72 4.85 1.3 62,715.92 .00 Ω .000 4824.30 8.71 ANCILLARIES 416 79,309.68 190.65 .058 944.16 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 2,381 HOSP OUTPATIENT TOTAL 59,338.27 24.92 .331 86.50 8.24 16 21 MEDICAL 1,044.80 49.75 .003 65.30 .15 7 8 .001 SURGERY 776.95 97.12 110.99 .11 PATHOLOGY 236 3,182.52 13.49 .033 48.22 . 44 RADIOLOGY 61 4,397.56 72.09 .008 115.73 .61 ROOM USE 27 4.3 1,581.38 36.78 .006 58.57 . 22 2,012 48,355.06 24.03 .280 77.49 CROSSOVERS/ALL OTH OUTPINT 19 76 6,253.05 82.28 .011 \$ 329.11 \$.87 @COUNTY HOSPITAL TOTAL 10 449.90 .001 2249.49 CO HOSPITAL INPATIENT TOTAL 4,498.98 .63 921.75 3686.98 .51 HSC HOSPITALS 3,686.98 .001 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .000 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .001 INPATIENT CROSSOVERS 812.00 135.33 812.00 .11 ALL OTHER INPATIENT .00 .00 .00

CO HOSP OUTPATIENT TOTAL	17	66		1,754.07	26.58	.009	103.18	.24
MEDICAL	1	2		124.48	62.24	.000	124.48	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	7		82.29	11.76	.001	41.15	.01
RADIOLOGY	1	1		23.47	23.47	.000	23.47	.00
ROOM USE	6	9		224.03	24.89	.001	37.34	.03
CROSSOVERS/ALL OTH OUTPTNT	13	47		1,299.80	27.66	.007	99.98	.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 10,55
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR 55 ALL A	AGED					
						MON	NTHLY AVERA	AGE
7,197 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	743	2,811	\$	260,819.29	\$ 92.79	.391	351.04	\$ 36.24
COMM HOSP INPATIENT TOTAL	104	496		203,235.09	409.75	.069	1954.18	28.24
HSC HOSPITALS	8	32		27,124.94	847.65	.004	3390.62	3.77
NON-HSC HOSPITALS TOTAL	13	54		97,612.47	1807.64	.008	7508.65	13.56
ACCOMMODATIONS	13	54		34,896.55	646.23	.008	2684.35	4.85
ADMINISTRATIVE DAYS	0	0		30.78CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	54		34,927.33	646.80	.008	2686.72	4.85
ANCILLARIES	13	0		62,715.92	.00	.000	4824.30	8.71
INPATIENT CROSSOVERS	83	410		78 , 497.68	191.46	.057	945.76	10.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	671	2,315		57,584.20	24.87	.322	85.82	8.00
MEDICAL	15	19		920.32	48.44	.003	61.35	.13
SURGERY	7	8		776.95	97.12	.001	110.99	.11
PATHOLOGY	64	229		3,100.23	13.54	.032	48.44	.43
RADIOLOGY	37	60		4,374.09	72.90	.008	118.22	.61
ROOM USE	22	34		1,357.35	39.92	.005	61.70	.19
CROSSOVERS/ALL OTH OUTPTNT	612	1,965		47,055.26	23.95	.273	76.89	6.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	718	24,908	\$	4,230,134.92	\$	169.83	3.461	\$	5891.55	\$	587.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	3	75		29,818.55		397.58	.010		9939.52		4.14
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	717	24,833		4,200,316.37		169.14	3.450		5858.18		583.62
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	81	1,381	\$	87 , 521.81	\$	63.38	.192	\$	1080.52	\$	12.16
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	81	1,381		87,521.81		63.38	.192		1080.52		12.16
@REHABILITATION FACILITY	1	1	\$	48.00	\$	48.00	.000	\$	48.00	\$.01
HOSPITAL BASED	1	1		48.00		48.00	.000		48.00		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	38	217	\$	2,702.68	\$	12.45	.030	\$	71.12	\$.38
PATHOLOGY	33	205		2,489.66		12.14	.028		75.44		.35
XO AND OTHERS	5	12		213.02		17.75	.002		42.60		.03
@ORGANIZED OUTPATIENT CLINIC	399	653	\$	33,062.33	\$	50.63	.091	\$	82.86	\$	4.59
CLINIC	1	15		288.45		19.23	.002		288.45		.04
SURGICENTER	2	2		408.34		204.17	.000		204.17		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	397	636		32,365.54		50.89	.088		81.53		4.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN	2002 THRU	DEC	2002	PI	AGE 10,556
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/17/03

SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 55 ALL AGED

SUMMARI OF SER	VICES FOR JJ ALL AGED					
				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
610	29,482 \$	107,963.94	\$ 3.66	4.096 \$	176.99	\$ 15.00
14	335	6,831.50	20.39	.047	487.96	.95
0	0	.00	.00	.000	.00	.00
7	15	2,313.39	154.23	.002	330.48	.32
92	918	8,746.05	9.53	.128	95.07	1.22
17	104	2,260.74	21.74	.014	132.98	.31
14	111	493.19	4.44	.015	35.23	.07
65	703	5,992.12	8.52	.098	92.19	.83
4	16	281.14	17.57	.002	70.29	.04
16	179	11,968.07	66.86	.025	748.00	1.66
0	0	.00	.00	.000	.00	.00
9	35	2,337.39	66.78	.005	259.71	.32
0	0	.00	.00	.000	.00	.00
123	275	3,589.84	13.05	.038	29.19	.50
0	0	.00	.00	.000	.00	.00
6	19	147.00	7.74	.003	24.50	.02
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
20	40	7,370.89	184.27	.006	368.54	1.02
16	414	44,404.20	107.26	.058	2775.26	6.17
0	0	.00	.00	.000	.00	.00
	USERS 610 14 0 7 92 17 14 65 4 16 0 9 0 123 0 6 0 0 0 20	OR DAYS OF CARE 610	USERS UNITS OF SERVICE OR DAYS OF CARE 610 29,482 \$ 107,963.94 14 335 6,831.50 0 0 .00 7 15 2,313.39 92 918 8,746.05 17 104 2,260.74 14 111 493.19 65 703 5,992.12 4 16 281.14 16 179 11,968.07 0 0 .00 9 35 2,337.39 0 0 0 .00 123 275 3,589.84 0 0 0 .00 123 275 3,589.84 0 0 0 .00 6 19 147.00 0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 610 29,482 \$ 107,963.94 \$ 3.66 14 335 6,831.50 20.39 0 0 .00 .00 7 15 2,313.39 154.23 92 918 8,746.05 9.53 17 104 2,260.74 21.74 14 111 493.19 4.44 65 703 5,992.12 8.52 4 16 281.14 17.57 16 179 11,968.07 66.86 0 0 0 .00 9 35 2,337.39 66.78 0 0 0 .00 123 275 3,589.84 13.05 0 0 0 .00 123 275 3,589.84 13.05 0 0 0 .00 6 19 147.00 7.74 0 0 0 .00 6 19 147.00 7.74 0 0 0 .00 0 0 0 .00 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 610 29,482 \$ 107,963.94 \$ 3.66 4.096 \$ 14 335 6.831.50 20.39 .047 0 0 0 .00 .00 .00 .000 7 15 2,313.39 154.23 .002 92 918 8,746.05 9.53 .128 17 104 2,260.74 21.74 .014 14 111 493.19 4.44 .015 65 703 5,992.12 8.52 .098 4 16 281.14 17.57 .002 16 179 11,968.07 66.86 .025 0 0 0 .00 .00 .00 9 35 2,337.39 66.78 .005 0 0 0 .00 .00 0 0 0 .00 .00 123 275 3,589.84 13.05 .038 0 0 0 .00 .00 123 275 3,589.84 13.05 .038 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 610

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	338	27 , 236	19,974.47	.73	3.784	59.10	2.78
@CALIF. CHILDREN SERVICES*	0	2CR \$	21.40CR \$	10.70	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1,794	11,689 \$	330,951.54 \$	28.31	1.624 \$	184.48 \$	45.98

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,557 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND ----- MONTHLY AVERAGE -----298 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,199 189 4.023 \$ 364.75 \$ @TOTAL, ALL PROVIDERS 68,938.42 Ś 57.50 231.34 152 4,359.96 28.68 .510 77.86 \$ @PHYSICIANS SERVICES 24 32 1,123.19 35.10 .107 46.80 3.77 OUTPATIENT VISITS 17 23 716.19 31.14 .077 42.13 2.40 OFFICE VISITS 0 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM 327.56 54.59 .020 54.59 1.10 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 79.44 26.48 .010 26.48 OTHER OUTPATIENT .27 .00 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 141.93 35.48 .013 70.97 OPHTHALMOLOGICAL SERVICES .48 141.93 35.48 70.97 EXAMINATIONS .013 .48 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 Ω .00 .00 .000 .00 ANESTHESIOLOGIST 1,973.06 140.93 .047 657.69 OUTPATIENT SURGERY 6.62 PRINCIPAL SURGEON 1,538.72 384.68 .013 512.91 5.16 ASSISTANT SURGEON 232.32 232.32 .003 232.32 .78 ANESTHESIOLOGIST 202.02 22.45 .030 202.02 .68 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY 14.66 2.44 .020 4.89 .05 RADIOLOGY 12 171.02 14.25 .040 19.00 .57 PSYCHIATRY 0 . 00 . 00 .000 . 00 . 00 .00 Ω .00 .00 .000 .00 IMMUNIZATION AND INJECTION 22 .282 42.55 84 936.10 OTHER SERVICES/ALL X-OVERS 11.14 3.14 148 @PHARMACY 617 34,903.84 56.57 2.070 \$ 235.84 117.13 146 501 68.88 236.37 115.80 PRESCRIPTION DRUGS 34,509.45 1.681 SNF/ICF 0 0 .00 .00 .000 .00 .00 34,509.45 68.88 OUTPATIENTS 146 501 1.681 236.37 115.80 116 394.39 3.40 .389 28.17 MEDICAL SUPPLIES 14 1.32 15 52 3,092.00 59.46 .174 \$ 206.13 \$ @DENTIST 10.38 57.22 VISITS - DIAGNOSTIC 515.00 16.61 .104 1.73 ORAL SURGERY 435.00 62.14 .023 72.50 1.46 .000 DRUGS .00 .00 .00 .00 ANESTHESIA 200.00 100.00 .007 100.00 . 67

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	690.00	138.00	.017	345.00	2.32
RESTORATIVE DENTISTRY	4	7	1,252.00	178.86	.023	313.00	4.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 10,558
MOP024	FEE-FOR-SERVICE/DENTAL	1					01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 56 ALL E	SLIND				M	ONTIM!		C E	
200 ELICIDIES	HOEDO	INITEC OF CEDITOR		EADEMDIMIDEC	7. 7. 7. 7.	DACE COCE	M			GE	COCH DED
298 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
A O DECOMEED TOE	1	OR DAYS OF CARE	Ċ	47 45	PEF S	R UNIT/DAY 47.45	PER ELIG		USER 47.45	\$	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	1	1 1	\$	47.45 47.45	Ş	47.45	.003	Þ	47.45	Þ	.16 .16
EYE APPLIANCES	0	0		.00		.00	.003		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	0		Ċ		\$			ċ	.00	Ċ	
@CHIROPRACTOR VISITS	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
	0	0					.000				
OTHER SERVICES @PODIATRIST	0	3	\$.00 59.70	Ċ	.00		Ċ	.00	Ċ	.00
•	2	0	Þ		\$	19.90	.010	\$	29.85	\$.20
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0										
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	3	<u>^</u>	59.70	<u> </u>	19.90	.010	<u>^</u>	29.85	<u>^</u>	.20
@HOME HEALTH AGENCY	0		\$.00	Ş	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	92	\$	3,753.45	Ş	40.80	.309	\$	156.39	\$	12.60
HOSP INPATIENT TOTAL	2	9		1,604.00		178.22	.030		802.00		5.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	9		1,604.00		178.22	.030		802.00		5.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	83		2,149.45		25.90	.279		97.70		7.21
MEDICAL	3	6		191.75		31.96	.020		63.92		.64
SURGERY	1	1		29.74		29.74	.003		29.74		.10
PATHOLOGY	6	11		134.17		12.20	.037		22.36		.45
RADIOLOGY	8	10		289.28		28.93	.034		36.16		.97
ROOM USE	10	16		755.83		47.24	.054		75.58		2.54
CROSSOVERS/ALL OTH OUTPTNT	14	39		748.68		19.20	.131		53.48		2.51
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 20	02 THRU DEC	2002	PAGE 10,559
MOP024	FEE-FOR-SERVICE/DENT	$^{ m L}$					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BL	IND				

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 56 ALL BLIND					
000					MON'		
298 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	92 \$	3,753.45	\$ 40.80	.309 \$		
COMM HOSP INPATIENT TOTAL	2	9	1,604.00	178.22	.030	802.00	5.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9	1,604.00	178.22	.030	802.00	5.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	83	2,149.45	25.90	.279	97.70	7.21
MEDICAL	3	6	191.75	31.96	.020	63.92	.64
SURGERY	1	1	29.74	29.74	.003	29.74	.10
PATHOLOGY	6	11	134.17	12.20	.037	22.36	.45
RADIOLOGY	8	10	289.28	28.93	.034	36.16	.97
ROOM USE	10	16	755.83	47.24	.054	75.58	2.54
CROSSOVERS/ALL OTH OUTPTNT	14	39	748.68	19.20	.131	53.48	2.51
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	31 \$	6,344.58	\$ 204.66	.104 \$	6344.58	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	31	6,344.58	204.66	.104	6344.58	21.29
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	7 \$	3,327.11	\$ 475.30	.023 \$	665.42	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	7	3,327.11	475.30	.023	665.42	11.16
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
1100111111 1110111	0	· ·	.00	.00	• 0 0 0	• 0 0	.00

INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		5	\$	34.56	\$	6.91	.017	\$	34.56	\$.12
PATHOLOGY	1		5		34.56		6.91	.017		34.56		.12
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16		23	\$	2,010.97	\$	87.43	.077	\$	125.69	\$	6.75
CLINIC	3		6		399.22		66.54	.020		133.07		1.34
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15		17		1,611.75		94.81	.057		107.45		5.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEN	DITUR	ES MON	TH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 10,560
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 56	ALL 1	BLIND								
								M	IONT	HLY AVERA	GΕ	
298 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF					. UNIT/DAY		;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	15		16	\$	11,004.80		50.95		\$		\$	36.93
DURABLE MED. EQUIP.	5		16		9,806.47		612.90	.054		1961.29		32.91
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3		31		700.82		5.35	.440		233.61		2.35
										4 5 1 0 0		1.52
AMBULANCES/AIR TRANS	1		95		451.90		4.76	.319		451.90		
OTHER TRANS	1 0		0		.00		.00	.000		.00		.00
	1 0 3				.00 248.92		.00 6.91	.000 .121		.00 82.97		.00 .84
OTHER TRANS	1 0 3 0		0		.00 248.92 .00		.00 6.91 .00	.000 .121 .000		.00 82.97 .00		.00 .84 .00
OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	1 0 3 0		0		.00 248.92 .00		.00 6.91 .00	.000 .121 .000 .000		.00 82.97 .00		.00 .84 .00
OTHER TRANS OTHER SERVICES ACUPUNCTURE	1 0 3 0 0		0		.00 248.92 .00		.00 6.91 .00	.000 .121 .000		.00 82.97 .00		.00 .84 .00

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OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	56	392.44	7.01	.188	392.44	1.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	11	78.99	7.18	.037	15.80	.27
@CALIF. CHILDREN SERVICES*	12	34	\$ 11,203.82	\$ 329.52	.114	\$ 933.65	\$ 37.60
@XOVER EXCLUDING STATE HOSP**	31	160	\$ 6,366.97	\$ 39.79	.537	\$ 205.39	\$ 21.37

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 10,561

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

DIN BENITO COUNTI	DOIMMIN OF DER	VICES FOR STREET	DIDI			MON	משליע איידים	GE
7,119 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	AVERAGE COST			COST PER
7,119 EDIGIDDES	ODERO	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,372	240,626	\$	4,406,309.65	\$ 18.31	33.801 \$		
@PHYSICIANS SERVICES	1,718	7,093	\$	229,491.33	•			•
OUTPATIENT VISITS	790	1,319	Υ		44.20			•
OFFICE VISITS	445	604		20,879.40				
HOME VISITS	8	12			34.77			
EMERGENCY ROOM	331	512		30,839.84	60.23		93.17	
PREVENTIVE CARE	0	0		.00	.00		.00	
OB VISITS/COMPRE PERI	5	10		482.35	48.24		96.47	
OTHER OUTPATIENT	97	181		5,677.60	31.37		58.53	
INPATIENT VISITS	146	592			59.18		239.98	
HOSPITAL VISITS	122	492			48.62		196.06	
CRITICAL CARE	12	67			149.66		835.62	
SNF/ICF/TRANS IP CARE	27	33		1,089.67			40.36	.15
OPHTHALMOLOGICAL SERVICES	29	34		1,363.51	40.10	.005	47.02	.19
EXAMINATIONS	29	34		1,363.51	40.10	.005	47.02	.19
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	60	343		31,781.92	92.66	.048	529.70	4.46
PRINCIPAL SURGEON	40	68		23,884.90	351.25	.010	597.12	
ASSISTANT SURGEON	6	6		981.39	163.57	.001	163.57	.14
ANESTHESIOLOGIST	25	269		6,915.63	25.71	.038	276.63	.97
OUTPATIENT SURGERY	109	312		21,603.45	69.24	.044	198.20	3.03
PRINCIPAL SURGEON	83	117		16,342.22	139.68	.016	196.89	2.30
ASSISTANT SURGEON	1	1		122.86	122.86	.000	122.86	.02
ANESTHESIOLOGIST	30	194			26.49		171.28	.72
DIALYSIS	23	139		•	52.30		316.06	1.02
PATHOLOGY	101	378		3,250.61	8.60	.053	32.18	.46
RADIOLOGY	399	774		26,266.45	33.94	.109	65.83	3.69
PSYCHIATRY	1	1		43.42	43.42	.000	43.42	.01
IMMUNIZATION AND INJECTION	16	22		458.76	20.85	.003	28.67	.06
OTHER SERVICES/ALL X-OVERS	829	3 , 179		•	13.88		53.22	6.20
@PHARMACY	4,358	45 , 947	\$	1,740,912.82			399.48	
PRESCRIPTION DRUGS	4,265	18,214			92.06	2.559	393.15	235.53
SNF/ICF	107	707		•	77.09	.099	509.35	7.66
OUTPATIENTS	4,163	17,507		1,622,268.23	92.66	2.459	389.69	227.88

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	537	27,733	64,144.52	2.31	3.896	119.45	9.01
@DENTIST	402	1,680 \$	78,457.86	\$ 46.70	.236 \$	195.17	\$ 11.02
VISITS - DIAGNOSTIC	261	1,059	17,332.11	16.37	.149	66.41	2.43
ORAL SURGERY	53	148	8,854.00	59.82	.021	167.06	1.24
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	9	9	700.00	77.78	.001	77.78	.10
PERIODONTICS	27	30	4,420.00	147.33	.004	163.70	.62
ENDODONTICS	17	21	5,665.00	269.76	.003	333.24	.80
RESTORATIVE DENTISTRY	132	331	28,980.75	87.56	.046	219.55	4.07
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	29	72	12,271.00	170.43	.010	423.14	1.72
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	210.00	70.00	.000	70.00	.03
ALL OTHER SERVICES	5	5	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 10,562
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03

SUMMARY OF SERVICES FOR 57 ALL DISABLED

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----7,119 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 116 390 8,597.37 22.04 .055 \$ 74.12 \$ 1.21 DIAGNOSTIC AND ANC. PROCED 7.5 81 3,596.44 44.40 .011 47.95 .51 104 308 4,989.52 47.98 EYE APPLIANCES 16.20 .043 .70 OTHER OPTOMETRIC SERVICES 1 11.41 11.41 .000 11.41 .00 @CHIROPRACTOR 0 .00 .00 .000 \$.00 \$.00 .00 VISITS 0 .00 .000 .00 . 00 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST 117 1,753.28 14.99 .016 \$ 31.31 \$ 35 847.66 24.22 32.60 MEDICINE/INJECTIONS .005 .12 67.02 33.51 33.51 SURGERY/ANES. .000 .01 RADIO./PATHOLOGY 5 69.21 13.84 .001 17.30 .01 OTHER 75 769.39 10.26 .011 @HOME HEALTH AGENCY 43 336 24,667.87 73.42 .047 573.67 0 .00 .00 .000 \$.00 .00 NURSE ANESTHESIST .00 .00 .000 \$ NURSE MIDWIFE 22.68 PEDIATRIC NURSE PRACTITIONER 136.10 .001 \$ 27.22 .02 0 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 9,201 @TOTAL HOSPITAL 1,390 1,264,973.78 137.48 1.292 910.05 177.69 HOSP INPATIENT TOTAL 151 923 1,060,090.23 1148.53 .130 7020.47 HSC HOSPITALS 365 501,346.00 1373.55 .051 10026.92 NON-HSC HOSPITAL TOTAL 328 519,751.17 1584.61 .046 9281.27 ACCOMMODATIONS 328 190,041.88 579.40 .046 3393.61 ADMINISTRATIVE DAYS 112 25,922.77 231.45 .016 12961.39 75.51 .00 .01 0 0 .000 .00 TRANSITIONAL IP CARE 54 759.46 ALL OTHER ACCOM 216 164,043.60 .030 3037.84 23.04 ANCILLARIES 0 329,709.29 .000 5887.67 46.31 INPATIENT CROSSOVERS 230 38,993.06 169.54 764.57 5.48 .032 0 0 ALL OTHER INPATIENT .00 .00 .000 .00 1,317 8,278 204,883.55 24.75 155.57 HOSP OUTPATIENT TOTAL 1.163 28.78 14,602.04 67.29 217 323 45.21 .045 2.05 MEDICAL 76.90 64 .009 SURGERY 4,152.59 PATHOLOGY 596 3,894 39,749.60 10.21 .547 66.69 5.58 159.58 RADIOLOGY 316 546 50,426.60 92.36 .077 7.08 ROOM USE 754 32,727.02 43.40 .106 72.73 4.60

CROSSOVERS/ALL OTH OUTPTNT	746	2,697		63,225.70		23.44	.379	84.75	8.88
@COUNTY HOSPITAL TOTAL	162	712	\$	218,395.76	\$	306.74	.100	\$ 1348.12	\$ 30.68
CO HOSPITAL INPATIENT TOTAL	11	216		199,641.50		924.27	.030	18149.23	28.04
HSC HOSPITALS	10	90		117,946.00		1310.51	.013	11794.60	16.57
NON-HSC HOSPITALS TOTAL	2	112		80,883.50		722.17	.016	40441.75	11.36
ACCOMMODATIONS	2	112		25,905.60		231.30	.016	12952.80	3.64
ADMINISTRATIVE DAYS	2	112		25,905.60		231.30	.016	12952.80	3.64
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	2	0		54,977.90		.00	.000	27488.95	7.72
INPATIENT CROSSOVERS	1	14		812.00		58.00	.002	812.00	.11
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	151	496		18,754.26		37.81	.070	124.20	2.63
MEDICAL	44	56		2,727.73		48.71	.008	61.99	.38
SURGERY	8	8		639.93		79.99	.001	79.99	.09
PATHOLOGY	32	120		1,177.37		9.81	.017	36.79	.17
RADIOLOGY	11	15		1,588.02		105.87	.002	144.37	.22
ROOM USE	87	112		4,451.68		39.75	.016	51.17	.63
CROSSOVERS/ALL OTH OUTPINT	59	185		8,169.53		44.16	.026	138.47	1.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	OF-PAYMENT F	REPOR	T FOR JAN	2002 THRU	DEC 2002	E 10,563
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	57 ALI	DISABLED						

SAN DENTIO COUNTI	SOMMANI OF SEN	VICES FOR 57 ALL	DISA	БПЕО		MC	NIMILL V TILMIN		
7 110 FITGIDIES	HODDO	INTEG OF GERMAN	-		717ED 7 CE COOR		NTHLY AVERA	-	
7,119 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
OCCUMULTANT HOODIEST HORST	1 077	OR DAYS OF CAR		1 046 570 00	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,277	8,489	\$	1,046,578.02	\$ 123.29	1.192		\$	147.01
COMM HOSP INPATIENT TOTAL	142	707		860,448.73	1217.04	.099	6059.50		120.87
HSC HOSPITALS	40	275		383,400.00	1394.18	.039	9585.00		53.86
NON-HSC HOSPITALS TOTAL	54	216		438,867.67	2031.79	.030	8127.18		61.65
ACCOMMODATIONS	54	216		164,136.28	759.89	.030	3039.56		23.06
ADMINISTRATIVE DAYS	0	0		17.17	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00		.01
ALL OTHER ACCOM	54	216		164,043.60	759.46	.030	3037.84		23.04
ANCILLARIES	54	0		274,731.39	.00	.000	5087.62		38.59
INPATIENT CROSSOVERS	50	216		38,181.06	176.76	.030	763.62		5.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,205	7,782		186,129.29	23.92	1.093	154.46		26.15
MEDICAL	178	267		11,874.31	44.47	.038	66.71		1.67
SURGERY	47	56		3,512.66	62.73	.008	74.74		.49
PATHOLOGY	566	3 , 774		38,572.23	10.22	.530	68.15		5.42
RADIOLOGY	306	531		48,838.58	91.97	.075	159.60		6.86
ROOM USE	380	642		28,275.34	44.04	.090	74.41		3.97
CROSSOVERS/ALL OTH OUTPINT	695	2,512		55 , 056.17	21.92	.353	79.22		7.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	108	3,405	\$	521 , 914.90	\$ 153.28	.478	\$ 4832.55	\$	73.31
LEV A-INTERMEDIATE	10	370		27,015.94	73.02	.052	2701.59		3.79
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	98	3,035		494,898.96	163.06	.426	5049.99		69.52
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	95	3 , 095	\$	131,574.52	\$	42.51	.435	\$	1384.99	\$	18.48
HOSPITAL BASED	3	62		11,925.18		192.34	.009		3975.06		1.68
HEMODIALYSIS CENTER	92	3 , 033		119,649.34		39.45	.426		1300.54		16.81
@REHABILITATION FACILITY	12	36	\$	1,044.81	\$	29.02	.005	\$	87.07	\$.15
HOSPITAL BASED	12	36		1,044.81		29.02	.005		87.07		.15
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	193	692	\$	10,068.95	\$	14.55	.097	\$	52.17	\$	1.41
PATHOLOGY	191	687		10,064.85		14.65	.097		52.70		1.41
XO AND OTHERS	2	5		4.10		.82	.001		2.05		.00
@ORGANIZED OUTPATIENT CLINIC	893	1,508	\$	120,819.33	\$	80.12	.212	\$	135.30	\$	16.97
CLINIC	8	22		1,106.06		50.28	.003		138.26		.16
SURGICENTER	1	7		611.21		87.32	.001		611.21		.09
HEROIN DETOX CLINIC	2	32		371.62		11.61	.004		185.81		.05
RURAL HEALTH CLINIC	883	1,447		118,730.44		82.05	.203		134.46		16.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 10,564
MOP024	FEE-FOR-SERVICE/DENTA	ĄL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES I	FOR 57 ALI	L DIS	SABLED							

7,119 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	745	167,119	\$	271,869.93	\$ 1.63	23.475	\$ 364.93	\$ 38.19
DURABLE MED. EQUIP.	120	641		92 , 556 . 55	144.39	.090	771.30	13.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	20		2,160.64	108.03	.003	270.08	.30
MEDICAL TRANSPORTATION	128	3 , 168		34,003.33	10.73		265.65	4.78
AMBULANCES/AIR TRANS	77	1,644		19,106.45	11.62	.231	248.14	2.68
OTHER TRANS	11	1,086		4,854.53	4.47	.153	441.32	.68
OTHER SERVICES	43	438		10,042.35	22.93	.062	233.54	1.41
ACUPUNCTURE	2	2		43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	12	2,237		66,174.65	29.58	.314	5514.55	9.30
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	142	328		3,701.29	11.28	.046	26.07	.52
PHYSICAL THERAPIST	1	1		1.39	1.39	.000	1.39	.00
PORTABLE X-RAY	1	1		.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	10	93		10,453.40	112.40	.013	1045.34	1.47
PROSTHETICS	10	93		10,453.40	112.40	.013	1045.34	1.47
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		33.22	16.61	.000	33.22	.00
SPEECH AND AUDIOLOGY	16	42		3,705.75	88.23	.006	231.61	.52
HOSPICE SERVICES	3	76		9,841.17	129.49	.011	3280.39	1.38
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	429		3,210.52	7.48	.060	103.57	.45
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1		26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	344	160,078		45,879.12	.29	22.486	133.37	6.44
@CALIF. CHILDREN SERVICES*	179	3,634	\$	445,056.11	\$ 122.47	.510	\$ 2486.35	\$ 62.52
@XOVER EXCLUDING STATE HOSP**	1,063	15 , 333	\$	195,493.44	\$ 12.75	2.154	\$ 183.91	\$ 27.46

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

DIN DENTIO COUNTI	DOMINING OF BEIN	VICED FOR SO THE IT	 10				
					MON		-
47,288 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,661	•	\$ 6,318,577.97	\$ 70.36	1.899 \$		•
@PHYSICIANS SERVICES	6 , 774	14,989	\$ 794 , 332.54	\$ 52.99	.317 \$	117.26	\$ 16.80
OUTPATIENT VISITS	4,890	6 , 650	288,306.54	43.35	.141	58.96	6.10
OFFICE VISITS	2,951	3 , 776	133,563.74	35.37	.080	45.26	2.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,836	2,158	106,394.92	49.30	.046	57.95	2.25
PREVENTIVE CARE	6	6	306.45	51.08	.000	51.08	.01
OB VISITS/COMPRE PERI	333	578	43,735.60	75.67	.012	131.34	.92
OTHER OUTPATIENT	117	132	4,305.83	32.62	.003	36.80	.09
INPATIENT VISITS	324	957	76,939.27	80.40	.020	237.47	1.63
HOSPITAL VISITS	296	615	29,898.26	48.62	.013	101.01	.63
CRITICAL CARE	44	337	46 , 777.71	138.81	.007	1063.13	.99
SNF/ICF/TRANS IP CARE	1	5	263.30	52.66	.000	263.30	.01
OPHTHALMOLOGICAL SERVICES	29	40	1,727.42	43.19	.001	59.57	.04
EXAMINATIONS	29	40	1,727.42	43.19	.001	59.57	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	438	1,430	239,198.35	167.27	.030	546.11	5.06
PRINCIPAL SURGEON	293	325	200,057.13	615.56	.007	682.79	4.23
ASSISTANT SURGEON	66	66	10,914.88	165.38	.001	165.38	.23
ANESTHESIOLOGIST	142	1,039	28,226.34	27.17	.022	198.78	.60
OUTPATIENT SURGERY	502	1,034	77,603.61	75.05	.022	154.59	1.64
PRINCIPAL SURGEON	427	535	64 , 283.48	120.16	.011	150.55	1.36
ASSISTANT SURGEON	3	3	480.22	160.07	.000	160.07	.01
ANESTHESIOLOGIST	138	496	12,839.91	25.89	.010	93.04	.27
DIALYSIS	8	21	2,498.72	118.99	.000	312.34	.05
PATHOLOGY	555	950	7,089.65	7.46	.020	12.77	.15
RADIOLOGY	1,696	2,360	62,302.36	26.40	.050	36.73	1.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	118	290	2,682.75	9.25	.006	22.74	.06
OTHER SERVICES/ALL X-OVERS	548	1,257	35 , 983.87	28.63	.027	65.66	.76
@PHARMACY	9,968	25,887	\$ 954,488.22	\$ 36.87	.547	\$ 95.76	\$ 20.18
PRESCRIPTION DRUGS	9,902	24,235	936,726.55	38.65	.512	94.60	19.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9,902	24,235	936,726.55	38.65	.512	94.60	19.81
MEDICAL SUPPLIES	330	1,652	17,761.67	10.75	.035	53.82	.38
@DENTIST	2,111	10,212	\$ 367,953.00	\$ 36.03	.216	\$ 174.30	\$ 7.78
VISITS - DIAGNOSTIC	1,555	6 , 475	105,789.00	16.34	.137	68.03	2.24
ORAL SURGERY	248	497	31,792.75	63.97	.011	128.20	.67
DRUGS	71	76	1,794.75	23.62	.002	25.28	.04
ANESTHESIA	42	43	3,900.00	90.70	.001	92.86	.08
PERIODONTICS	44	49	6,973.00	142.31	.001	158.48	.15
ENDODONTICS	151	313	41,606.50	132.93	.007	275.54	.88
RESTORATIVE DENTISTRY	780	2,532	158,003.00	62.40	.054	202.57	3.34
PROSTHETICS	4	5	170.00	34.00	.000	42.50	.00
DENTURES, STAYPLATES	18	114	9,602.00	84.23	.002	533.44	.20
SPACE MAINTAINERS	12	17	2,080.00	122.35	.000	173.33	.04
MAXILLOFACIAL SERVICES	2	2	100.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	53	73	5,795.00	79.38	.002	109.34	.12
ALL OTHER SERVICES	15	16	347.00	21.69	.000	23.13	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,566
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 47,288 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1,237 27,399.41 22.15 .026 \$ 69.54 \$.58 270 270 12,737.40 47.18 .006 47.18 .27 DIAGNOSTIC AND ANC. PROCED 342 966 14,624.51 15.14 .020 42.76 .31 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 1 1 37.50 37.50 .000 37.50 .00 .000 \$ @CHIROPRACTOR 0 .00 .00 .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 21 31 730.39 23.56 .001 \$ 34.78 .02 @PODIATRIST 663.77 23.71 33.19 .01 MEDICINE/INJECTIONS .001 32.02 32.02 SURGERY/ANES. 32.02 .000 .00 RADIO./PATHOLOGY 34.60 17.30 .000 17.30 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 169 11,303.42 66.88 .004 194.89 .24 NURSE ANESTHESIST 0 .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER 76.89 25.63 .000 38.45 .00 33.56 16.78 .000 33.56 .00 FAMILY NURSE PRACTITIONER 2,948,958.38 175.16 628.24 @TOTAL HOSPITAL 4,694 16,836 .356 62.36 HOSP INPATIENT TOTAL 398 1,854 2,565,682.47 1383.86 .039 6446.44 54.26 HSC HOSPITALS 876 1,112,559.66 1270.05 .019 13567.80 23.53 NON-HSC HOSPITAL TOTAL 317 967 1,451,498.81 1501.03 .020 4578.86 30.69 ACCOMMODATIONS 301 967 10.97 518,779.52 536.48 .020 1723.52 3 3,238.20 231.30 1079.40 .07 ADMINISTRATIVE DAYS 14 .000 0 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 298 953 540.97 .020 10.90 ALL OTHER ACCOM 515,541.32 1730.00 .000 ANCILLARIES 316 0 932,719.29 .00 2951.64 19.72 INPATIENT CROSSOVERS 2 11 1,624.00 147.64 .000 812.00 .03 ALL OTHER INPATIENT .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	4,450	L4 , 982		383,275.91	25	.58 .31	7	86.13		8.11
MEDICAL	570	673		21,080.52	31	.32 .01	4	36.98		.45
SURGERY	196	218		13,904.65	63	.78 .00	5	70.94		.29
PATHOLOGY	2,291	7,368		90,507.58	12	.28 .15	6	39.51		1.91
RADIOLOGY	1,346	1,777		101,476.68	57	.11 .03	8	75.39		2.15
ROOM USE	2,129	2,742		119,977.99	43	.76 .05	8	56.35		2.54
CROSSOVERS/ALL OTH OUTPINT	1,374	2,204		36,328.49	16	.48 .04	7	26.44		.77
@COUNTY HOSPITAL TOTAL	253	1,372	\$	704,877.58	\$ 513	.76 .02	9 \$	2786.08	\$	14.91
CO HOSPITAL INPATIENT TOTAL	23	506		676,535.00	1337	.03 .01	1	29414.57		14.31
HSC HOSPITALS	23	499		670 , 688.06	1344	.06 .01	1	29160.35		14.18
NON-HSC HOSPITALS TOTAL	1	7		5,846.94	835	.28 .00	0	5846.94		.12
ACCOMMODATIONS	1	7		1,619.10	231	.30 .00	0	1619.10		.03
ADMINISTRATIVE DAYS	1	7		1,619.10	231	.30 .00	0	1619.10		.03
TRANSITIONAL IP CARE	0	0		.00		.00 .00	0	.00		.00
ALL OTHER ACCOM	0	0		.00		.00 .00	0	.00		.00
ANCILLARIES	1	0		4,227.84		.00 .00	0	4227.84		.09
INPATIENT CROSSOVERS	0	0		.00		.00 .00	0	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00 .00	0	.00		.00
CO HOSP OUTPATIENT TOTAL	238	866		28,342.58	32	.73 .01	8	119.09		.60
MEDICAL	52	64		3,618.63	56	.54 .00	1	69.59		.08
SURGERY	19	27		2,217.54	82	.13 .00	1	116.71		.05
PATHOLOGY	66	271		2,931.05		.82 .00	6	44.41		.06
RADIOLOGY	52	102		7,667.56	75	.17 .00	2	147.45		.16
ROOM USE	184	264		9,950.58	37	.69 .00	6	54.08		.21
CROSSOVERS/ALL OTH OUTPINT	69	138		1,957.22	14	.18 .00	3	28.37		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES M	IONTH-OF-PAYMENT RE	EPORT FOR	JAN 2002 THE	U DE	C 2002	PA	AGE 10,567
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	58 ALL	FAMI	LIES						

OIN DENTIO COONTI	DOIMING OF BEI	CVIOLO IOIC OO ILLE						
							ONTHLY AVERA	-
47,288 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,496	15,464	\$	2,244,080.80	\$ 145.12	.327	\$ 499.13	\$ 47.46
COMM HOSP INPATIENT TOTAL	375	1,348		1,889,147.47	1401.44	.029	5037.73	39.95
HSC HOSPITALS	59	377		441,871.60	1172.07	.008	7489.35	9.34
NON-HSC HOSPITALS TOTAL	316	960		1,445,651.87	1505.89	.020	4574.85	30.57
ACCOMMODATIONS	300	960		517,160.42	538.71	.020	1723.87	10.94
ADMINISTRATIVE DAYS	2	7		1,619.10	231.30	.000	809.55	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	298	953		515,541.32	540.97	.020	1730.00	10.90
ANCILLARIES	315	0		928,491.45	.00	.000	2947.59	19.63
INPATIENT CROSSOVERS	2	11		1,624.00	147.64	.000	812.00	.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,261	14,116		354,933.33	25.14	.299	83.30	7.51
MEDICAL	520	609		17,461.89	28.67	.013	33.58	.37
SURGERY	178	191		11,687.11	61.19	.004	65.66	.25
PATHOLOGY	2,236	7,097		87,576.53	12.34	.150	39.17	1.85
RADIOLOGY	1,300	1,675		93,809.12	56.01	.035	72.16	1.98
ROOM USE	1,967	2,478		110,027.41	44.40	.052	55.94	2.33
CROSSOVERS/ALL OTH OUTPTNT	1,312	2,066		34,371.27	16.64	.044	26.20	.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4	115	\$	75 , 868.95	\$ 659.73	.002	\$ 18967.24	\$ 1.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	4	115		75 , 868.95	659.73	.002	18967.24	1.60

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	281	\$	25,188.19	\$	89.64	.006	\$	1481.66	\$.53
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	281		25,188.19		89.64	.006		1481.66		.53
@REHABILITATION FACILITY	12	47	\$	2,165.03	\$	46.06	.001	\$	180.42	\$.05
HOSPITAL BASED	12	47		2,165.03		46.06	.001		180.42		.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,025	2,382	\$	46,017.50	\$	19.32	.050	\$	44.90	\$.97
PATHOLOGY	1,025	2,382		46,017.50		19.32	.050		44.90		.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6 , 282	10,524	\$	931,871.70	\$	88.55	.223	\$	148.34	\$	19.71
CLINIC	233	920		24,684.56		26.83	.019		105.94		.52
SURGICENTER	1	1		90.00		90.00	.000		90.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,085	9,603		907,097.14		94.46	.203		149.07		19.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	002 THRU	DEC	2002	PΑ	AGE 10,568
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 58 ALI	FAMI	LIES							

----- MONTHLY AVERAGE -----47,288 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1,119 7,086 132,190.79 18.66 .150 \$ 118.13 \$ 2.80 46 340.00 687.39 31,619.92 .002 .67 DURABLE MED. EQUIP. .00 0 0 .00 .000 .00 .00 BLOOD BANK 2 295.39 49.23 .000 147.70 .01 HEARING AID DISPENSERS 154 2,484 22.56 363.95 MEDICAL TRANSPORTATION 56,048.16 .053 1.19 151 AMBULANCES/AIR TRANS 2,420 32,588.94 13.47 .051 215.82 .69 51 29.61 OTHER TRANS 59.22 1.16 .001 1800.00 1800.00 OTHER SERVICES 13 13 23,400.00 .000 .49 0 .00 .00 .000 .00 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 .000 .00 198 0 76.29 GENETIC DISEASE TESTING 199 15,182.00 .004 76.68 .32 0 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 OPTICIAN 369 839 7,660.90 9.13 .018 20.76 .16 PHYSICAL THERAPIST 41 3,100.45 75.62 .001 106.91 .07 1 60.26 30.13 .000 60.26 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS 18 40 2,918.15 72.95 .001 162.12 .06 39 2,829.46 72.55 .001 157.19 PROSTHETICS 1 1 88.69 ORTHOTICS 88.69 88.69 .000 .00 3 22 PSYCHOLOGIST 1,471.80 66.90 .000 490.60 .03 41 136.11 465.03 SPEECH AND AUDIOLOGY 5,580.39 .001 .12 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 311 1,306 8,048.60 6.16 25.88 LOCAL EDUCATION AGENCIES .028 .17 0 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 2,013 204.77 .10 .043 102.39 .00 @CALIF. CHILDREN SERVICES* 140 1,225 808,111.26 \$ 659.68 .026 \$ 5772.22 \$ 17.09

PAGE 10,569

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

						ILLI AVEKA	
2,053 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,000	5 , 513 \$	420,022.35	\$ 76.19	2.685 \$	420.02	\$ 204.59
@PHYSICIANS SERVICES	357	896 \$	54,786.73	\$ 61.15	.436 \$		
OUTPATIENT VISITS	253	386	18,058.30	46.78	.188	71.38	8.80
OFFICE VISITS	143	180	6,818.50	37.88	.088	47.68	3.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	87	102	5 , 737.51	56.25	.050	65.95	2.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	45	101	5,382.57	53.29	.049	119.61	2.62
OTHER OUTPATIENT	3	3	119.72	39.91	.001	39.91	.06
INPATIENT VISITS	32	160	14,530.93	90.82	.078	454.09	7.08
	26	62		46.07	.030		1.39
HOSPITAL VISITS	∠ o 6	95	2,856.54	121.89		109.87	
CRITICAL CARE	-		11,579.39		.046	1929.90	5.64
SNF/ICF/TRANS IP CARE	1	3	95.00	31.67	.001	95.00	.05
OPHTHALMOLOGICAL SERVICES	3	3	169.11	56.37	.001	56.37	.08
EXAMINATIONS	3	3	169.11	56.37	.001	56.37	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	121	14,286.29	118.07	.059	460.85	6.96
PRINCIPAL SURGEON	22	26	11,087.12	426.43	.013	503.96	5.40
ASSISTANT SURGEON	6	6	994.12	165.69	.003	165.69	.48
ANESTHESIOLOGIST	11	89	2,205.05	24.78	.043	200.46	1.07
OUTPATIENT SURGERY	13	25	1,596.97	63.88	.012	122.84	.78
PRINCIPAL SURGEON	11	14	1,396.23	99.73	.007	126.93	.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	11	200.74	18.25	.005	50.19	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	27	46	320.13	6.96	.022	11.86	.16
RADIOLOGY	84	111	3,729.87	33.60	.054	44.40	1.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	11	114.07	10.37	.005	22.81	.06
OTHER SERVICES/ALL X-OVERS	20	33	1,981.06	60.03	.016	99.05	.96
@PHARMACY	452	1,186 \$	40,685.69	\$ 34.30	.578 \$		
PRESCRIPTION DRUGS	446	1,147	39,350.18	34.31	.559	88.23	19.17
SNF/ICF	12	106	7,943.94	74.94	.052	662.00	3.87
OUTPATIENTS	434	1,041	31,406.24	30.17	.507	72.36	15.30
MEDICAL SUPPLIES	27	39	1,335.51	34.24	.019	49.46	.65
@DENTIST	104	606 \$	15,005.50	\$ 24.76	.295 \$		
VISITS - DIAGNOSTIC	84	403	5,580.50	13.85	.196	66.43	2.72
ORAL SURGERY	7	14	880.00	62.86	.007	125.71	.43
DRUGS	4	4	100.00	25.00	.002	25.00	.05
ANESTHESIA	2	2	111.00	55.50	.001	55.50	.05
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	8	17	1,452.75	85.46	.008	181.59	.71
RESTORATIVE DENTISTRY	41	162	6,755.75	41.70	.079	164.77	3.29
PROSTHETICS	0	102	.00	.00	.000	.00	.00
	0	0	.00				
DENTURES, STAYPLATES	0	0		.00	.000	.00	.00
SPACE MAINTAINERS	Ü	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	52.50	26.25	.001	26.25	.03
ALL OTHER SERVICES	3	2	73.00	36.50	.001	24.33	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 10,570
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES F	OR 59 ALL ME	DICALLY INDIGENT				

							M	ONT	THLY AVERA	GE	
2,053 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	69	\$	1,517.94	\$	22.00	.034	\$	66.00	\$.74
DIAGNOSTIC AND ANC. PROCED	16	18		778.96		43.28	.009		48.69		.38
EYE APPLIANCES	20	51		738.98		14.49	.025		36.95		.36
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.001	\$	33.44	\$.02
VISITS	1	2		33.44		16.72	.001		33.44		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	34.65	\$	11.55	.001	\$		\$.02
MEDICINE/INJECTIONS	2	2		26.00		13.00	.001		13.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		8.65		8.65	.000		8.65		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8	13	\$	704.80	\$	54.22		\$	88.10	\$.34
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	67.50	\$	33.75	.001	\$	33.75	\$.03
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	266	1,063	\$	170,235.83	\$	160.15	.518	\$	639.98	\$	82.92
HOSP INPATIENT TOTAL	30	139		147,698.92		1062.58	.068		4923.30		71.94
HSC HOSPITALS	7	45		44,262.03		983.60	.022		6323.15		21.56
NON-HSC HOSPITAL TOTAL	23	94		103,436.89		1100.39	.046		4497.26		50.38
ACCOMMODATIONS	23	94		45,486.30		483.90	.046		1977.67		22.16

ANCILLARIES	23	U		57,950.59	.00	.000	2519.59		28.23
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	247	924		22,536.91	24.39	.450	91.24		10.98
MEDICAL	32	38		1,437.74	37.84	.019	44.93		.70
SURGERY	4	4		262.70	65.68	.002	65.68		.13
PATHOLOGY	136	519		5,614.99	10.82	.253	41.29		2.74
RADIOLOGY	61	72		5,038.70	69.98 49.34	.035	82.60		2.45
ROOM USE	116	152		7,499.84	49.34	.074	64.65		3.65
CROSSOVERS/ALL OTH OUTPTNT		139		2,682.94	19.30	.068	36.26		1.31
@COUNTY HOSPITAL TOTAL	28	83	\$	6,249.25	\$ 75.29 1250.67	.040 \$	223.19	\$	3.04
CO HOSPITAL INPATIENT TOTAL		3		3,752.00	1250.67	.001	1876.00		1.83
HSC HOSPITALS	2	3		3,752.00	1250.67	.001	1876.00		1.83
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	27	80		2,497.25	31.22	.039	92.49		1.22
MEDICAL	5	5		234.91	31.22 46.98 34.82	.002	46.98		.11
SURGERY	1	1		34.82	34.82	.000	34.82		.02
PATHOLOGY	5	15		268.64	17.91 86.71	.007	53.73		.13
RADIOLOGY	2	2		173.42	17.91 86.71 52.02	.001	86.71		.08
ROOM USE	18	24		1,248.51	52.02	.012	69.36		.61
CROSSOVERS/ALL OTH OUTPTNT	13	33		536.95	16.27	.016	41.30		.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	002 THRU DEC	2002	P.	AGE 10,571
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 59 ALL	MED]	ICALLY INDIGENT					
						MONT	HLY AVERA	GE	
2,053 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
·		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	243	980	\$	163,986.58	\$ 167.33	.477 \$	674.84	\$	79.88
COMM HOSP INPATIENT TOTAL	2.0	136		1/2 0/6 02	1058.43	.066	5140.96		70.12
HSC HOSPITALS	5	42		40,510.03	964.52	.020	8102.01		19.73
NON-HSC HOSPITALS TOTAL	23	94		103,436.89	1058.43 964.52 1100.39	.046	4497.26		50.38
	23	94		45,486.30	483.90	.046	1977.67		22.16
ADMINISTRATIVE DAYS	23 0	136 42 94 94 0 0 94 0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	23	94		.00 45,486.30 57,950.59	483.90	.046	1977.67		22.16
ANCILLARIES	23	0		57,950.59	.00	.000	2519.59		28.23
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	225	844		20,039.66	23.74	.411	89.07		9.76
MEDICAL	27	33		1,202.83	36.45	.016	44.55		.59
SURGERY	3	3		227.88	75.96	.001	75.96		.11
PATHOLOGY	133	504		5,346.35	10.61	.245	40.20		2.60
RADIOLOGY	59	70		4,865.28	69.50	.034	82.46		2.37
ROOM USE	98	128		6,251.33	48.84	.062	63.79		3.04
CROSSOVERS/ALL OTH OUTPINT	63	106		2,145.99	20.25	.052	34.06		1.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
		-							

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

ANCILLARIES

TRANSITIONAL IP CARE

0

0

23

23

0

0

94

0

.00

.00

45,486.30

57,950.59

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.046

.000

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.00

1977.67

2519.59

.00

.00

22.16

28.23

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15	612	\$	74,409.52	\$	121.58	.298	\$	4960.63	\$	36.24
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	612		74,409.52		121.58	.298		4960.63		36.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	46	100	\$	2,233.47	\$	22.33	.049	\$	48.55	\$	1.09
PATHOLOGY	46	100		2,233.47		22.33	.049		48.55		1.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	293	560	\$	48,592.37	\$	86.77	.273	\$	165.84	\$	23.67
CLINIC	16	88		2,093.45		23.79	.043		130.84		1.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	281	472		46,498.92		98.51	.230		165.48		22.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 10,572
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

MOPU24 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

2,053 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	70	401 \$	11,714.91	\$ 29.21	.195 \$	167.36	\$ 5.71
DURABLE MED. EQUIP.	5	20	4,953.89	247.69	.010	990.78	2.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	236	3,831.05	16.23	.115	766.21	1.87
AMBULANCES/AIR TRANS	5	236	3,831.05	16.23	.115	766.21	1.87
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,378.00	72.53	.009	72.53	.67
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	43	410.97	9.56	.021	20.55	.20
PHYSICAL THERAPIST	3	3	266.07	88.69	.001	88.69	.13
PORTABLE X-RAY	2	4	126.60	31.65	.002	63.30	.06
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	17	76	748.33	9.85	.037	44.02	.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	13	22	\$ 94.72CR \$	4.31CR	.011 \$	7.29CR\$.05CR
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,573 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	E/DENTAL							01/1//03
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL DIALY	SIS	AID CO	-		
								NTHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF	SERVICE]	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS	OF CARE	G .		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MONTH-	OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DI	EC 2002	P.F	AGE 10,574
MOP024	FEE-FOR-SERVICE/								01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR 60 RENA	L DIALYSIS	5	AID COI				
							NTHLY AVERA	-	
00 ELIGIBLES	USERS (JNITS OF SERVICE		KPENDITURES	AVERAGE COST				COST PER
_	_	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	.00	.000	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0	_	.00	.00	.000	.00	_	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	U	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	U	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0		.00	.00	.000	.00		.00

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TRANSITIONAL IP CARE

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ALL OTHER ACCOM

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

INPATIENT CROSSOVERS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUTCEC	AND EXPENDITURES MONT	III OE DAMMENIE DE	DODE FOR TANK 2	002 THRU DE	2002	PAGE 10,575
#CALL DELI OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITORES MONT	H-OF-PAIMENT RE.	PORT FOR JAN 2	.002 IRKO DE	10 2002	FAGE 10,373
MOP024	FEE-FOR-SERVICE/DI		H-OF-PAIMENT RE.	PORT FOR JAN 2	.002 THRO DE	IC 2002	01/17/03
		ENTAL		AID COD		IC 2002	
MOP024	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	ENTAL			DES	THLY AVERA	01/17/03
MOP024	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE	ENTAL		AID COD	DES		01/17/03
MOP024 SAN BENITO COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY	SIS	AID COD	ES MON	THLY AVERA	01/17/03 GE
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	SIS EXPENDITURES .00	AID COD AVERAGE COST PER UNIT/DAY \$.00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE OST PER USER 00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000	THLY AVERAGE OST PER USER 00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERAGE OF THE COST PER USER 00 00 00 00 00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	THLY AVERAGE OF THE COST PER USER 00 00 00 00 00 00 00 00 00 00 00 00 00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	THLY AVERAGE OF THE COST PER USER 00 00 00 00 00 00 00 00 00 00 00 00 00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	THLY AVERAGE OF THE COST PER USER OF COOL OF COOL OF COOL OO C	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MOP024 SAN BENITO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 60 RENAL DIALY WITS OF SERVICE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	THLY AVERAGE OF THE COST PER USER 00 00 00 00 00 00 00 00 00 00 00 00 00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					.00
ROOM USE	U	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
	0	· ·					
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
	0	•					
ICF DD	Ü	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	0						
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	· ·					
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 10,576
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 60 RENAL D	TALYSTS	AID CO	ODES		
5111 5211210 0001121	501211111 01 52111	1020 1011 00 11211112 2	11121010	1122 0	MONT	HIV AWERA	F
OO ELICIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COCI		COST PER	COST PER
00 ELIGIBLES	USERS		EXPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
	0						
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
	0	0					
OPTICIAN	U	U	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	Ů -	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,577 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

SAN BENITO COUNTI	SUMMARI OF SERV	ICES FOR OI IOIAL PA	ARENIERAL NUIRIIION	AID COL			_
					MON7		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_	_	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-	PAYMENT RE	PORT FOR	JAN 2002	2 THRU DE	C 2002	PAGE 10,578
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	61 TOT	AL PARENTERAL	NUTRITION	I A	ID CODES			

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 Ś .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 0 .00 .000 EYE APPLIANCES 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 .00 .000 \$.00 \$.00 .00 .00 VISITS Ω .00 .000 .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST 0 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .000 SURGERY/ANES. 0 .00 .00 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 .00 OTHER .00 .000 .00 .00 @HOME HEALTH AGENCY 0 0 .00 \$.00 .000 .00 \$.00 .000 .00 0 .00 \$.00 .00 \$ NURSE ANESTHESIST \$.00 .00 NURSE MIDWIFE .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$.00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 0 .00 .00 .000 .00 .00 .00 . 00 .000 . 00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM 0 .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 0 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 0 .00 .00 MEDICAL .00 .000 .00 .00 .00 .000 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 10,579
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MONT	HLY AVERAGE	

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 . 00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .000 @NURSING FACILITY .00 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITURE	ES MO	ONTH-OF-PAYMENT REI	PORT E	FOR JAN	2002 THRU	DEC	2002	PA	GE 10,580
MOP024	FEE-FOR-SERVICE/D	ENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVIC	ES FOR	61 TOTAI	L PAI	RENTERAL NUTRITION		AID CO	DES				
								M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAY	S (COST PER	С	OST PER
		OR DAYS	OF CARE			PER U	JNIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,581 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 \$.00 .00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 10,582

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

FEE-FOR-SERVICE/DENTAL

MOP024

SAN BENITO COUNTY

ALL OTHER INPATIENT

01/17/03

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 \$.00 .00 .000 \$.00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 @TOTAL HOSPITAL .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00

.00

.00

.000

.00

.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 20	02 THRU DEC	2002	PAGE 10,583
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	62 IRCA AI	JIENS AI	D CODES 51 52 5	6		
					MONTHI	IT V ATTED ACT	

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER ELIG PER UNIT/DAY USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL .000 \$ 0 0 .00 \$.00 .00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 .00 PATHOLOGY .00 .000 0 .00 .000 RADIOLOGY .00 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 .00 .00 @STATE HOSPITAL .00 \$.000 \$.00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00		.00	.000	\$		Ś	.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	Ś	.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0	7	.00		.00	.000	т	.00	7	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	n	Ś	.00		.00	.000	Ś	.00	Ś	.00
CLINIC	0	0	Υ	.00		.00	.000	۲	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	n		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	OFNDTTIBI	S MONTH-OF		DED\DT			DEC 2		PAC	E 10,584
MOP024	FEE-FOR-SERVICE/DENTAL	71 1110 1 1 01/1	10 FIONITI OF	LATMENT	IVET OIVI	TON UAN 2002	111110	ے کاتات	.002		01/17/03
		CO TDC3	ATTENIC		7 TD CO	NDG E1 E0 EC				'	01/1//03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS		AID COL	DES 51 52 56					

SAN BENITO COUNTY	SUMMARY OF SERV	VICES FOR	62 IRCA	ALIENS	A.	ID CODES 31 32	36			
							MON	THLY AVERA	.GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00		.00
OPTICIAN	0		0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
ORTHOTICS	0		0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000 \$.00	\$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,585

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						MO	NTHLY AVERA	GE
1,612 ELIGIBLES	USERS	UNITS OF SERVICE	ΕΣ	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	707	4,685 \$	\$	695,015.67	\$ 148.35	2.906	\$ 983.05	\$ 431.15
@PHYSICIANS SERVICES	309	881 \$	\$	87,307.56	\$ 99.10	.547	\$ 282.55	\$ 54.16
OUTPATIENT VISITS	136	214		15,439.22	72.15	.133	113.52	9.58
OFFICE VISITS	24	26		1,205.97	46.38	.016	50.25	.75
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	38	52		3,030.02	58.27	.032	79.74	1.88
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	136		11,199.87	82.35	.084	133.33	6.95
OTHER OUTPATIENT	0	0		3.36	.00	.000	.00	.00
INPATIENT VISITS	59	137		8,595.66	62.74	.085	145.69	5.33
HOSPITAL VISITS	56	102		4,975.82	48.78	.063	88.85	3.09
CRITICAL CARE	6	35		3,619.84	103.42	.022	603.31	2.25
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	90	277		52,846.41	190.78	.172	587.18	32.78
PRINCIPAL SURGEON	65	73		46,343.30	634.84	.045	712.97	28.75
ASSISTANT SURGEON	8	8		1,287.33	160.92	.005	160.92	.80
ANESTHESIOLOGIST	25	196		5,215.78	26.61	.122	208.63	3.24
OUTPATIENT SURGERY	20	29		2,348.47	80.98	.018	117.42	1.46
PRINCIPAL SURGEON	17	23		2,231.97	97.04	.014	131.29	1.38

ASSISTANT SURGEON	0	0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	5	6		116.50	19.42	.004		23.30	.07
DIALYSIS	0	0		.00	.00	.000		.00	.00
PATHOLOGY	11	17		120.99	7.12	.011		11.00	.08
RADIOLOGY	123	162		6,488.53	40.05	.100		52.75	4.03
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	3	9		56.71	6.30	.006		18.90	.04
OTHER SERVICES/ALL X-OVERS	26	36		1,411.57	39.21	.022		54.29	.88
@PHARMACY	238	453	\$	10,723.21	\$ 23.67	.281	\$	45.06	\$ 6.65
PRESCRIPTION DRUGS	236	448		10,523.47	23.49	.278		44.59	6.53
SNF/ICF	0	0		.00	.00	.000		.00	.00
OUTPATIENTS	236	448		10,523.47	23.49	.278		44.59	6.53
MEDICAL SUPPLIES	4	5		199.74	39.95	.003		49.94	.12
@DENTIST	2	5	\$	25.00	\$ 5.00	.003	\$	12.50	\$.02
VISITS - DIAGNOSTIC	2	5		25.00	5.00	.003		12.50	.02
ORAL SURGERY	0	0		.00	.00	.000		.00	.00
DRUGS	0	0		.00	.00	.000		.00	.00
ANESTHESIA	0	0		.00	.00	.000		.00	.00
PERIODONTICS	0	0		.00	.00	.000		.00	.00
ENDODONTICS	0	0		.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00	.00
PROSTHETICS	0	0		.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00	.00
"CATTE DEDE OF HEATEN CEDIT	VEDT ONT CEDITECES	AND DUDDING THU	DO MONTO		 DOD TAXE	0000 EIIDII	D = 0	0000	 OF 10 FOC

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,586 MOP024 FEE-FOR-SERVICE/DENTAL

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						M	CNO	THLY AVERA	GE	
1,612 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	22	33	\$ 1,888.89	\$	57.24	.020	\$	85.86	\$	1.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	286	1,250	\$ 435,212.28	\$	348.17	.775	\$	1521.72	\$	269.98
HOSP INPATIENT TOTAL	75	348	419,130.73		1204.40	.216		5588.41		260.01
HSC HOSPITALS	14	121	139,992.05		1156.96	.075		9999.43		86.84
NON-HSC HOSPITAL TOTAL	61	217	278,346.68		1282.70	.135		4563.06		172.67
ACCOMMODATIONS	56	217	105,139.05		484.51	.135		1877.48		65.22

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	56	217		105,139.05		484.51	.135		1877.48		65.22
ANCILLARIES	61	0		173,207.63		.00	.000		2839.47		107.45
INPATIENT CROSSOVERS	1	10		792.00		79.20	.006		792.00		.49
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	246	902		16,081.55		17.83	.560		65.37		9.98
MEDICAL	9	10		399.08		39.91	.006		44.34		.25
SURGERY	7	6		324.31		54.05	.004		46.33		.20
PATHOLOGY	193	697		7,314.19		10.49	.432		37.90		4.54
RADIOLOGY	57	66		3,674.23		55.67	.041		64.46		2.28
ROOM USE	56	67		3,048.71		45.50	.042		54.44		1.89
CROSSOVERS/ALL OTH OUTPINT	41	56		1,321.03		23.59	.035		32.22		.82
@COUNTY HOSPITAL TOTAL	9	22	\$	7,048.77	\$	320.40	.014	\$	783.20	\$	4.37
CO HOSPITAL INPATIENT TOTAL	3	5		6,456.03	1	291.21	.003		2152.01		4.00
HSC HOSPITALS	3	5		6,456.03	1	291.21	.003		2152.01		4.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	17		592.74		34.87	.011		74.09		.37
MEDICAL	1	1		102.29		102.29	.001		102.29		.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		43.14		7.19	.004		14.38		.03
RADIOLOGY	3	3		221.14		73.71	.002		73.71		.14
ROOM USE	4	4		154.44		38.61	.002		38.61		.10
CROSSOVERS/ALL OTH OUTPINT	3	3		71.73		23.91	.002		23.91		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU D	DEC	2002	P7	AGE 10,587
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 63 MI/	MN A	LIEN WITHOUT SIS	AID COD	E 55 58 5	5F				
							MC	NTH	LY AVERA	GE -	
1,612 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	S C	OST PER	(COST PER
		OR DAYS OF CAR	RΕ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	278	1,228	\$	428,163.51		348.67			1540.16		265.61
COMM HOOD THREETENE BORRE	7.0	2 4 2		110 (71 70	1	202 12	010		F721 F0		256 00

1,612 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	278	1,228	\$ 428,163.51	\$ 348.67	.762	\$ 1540.16	\$ 265.61
COMM HOSP INPATIENT TOTAL	72	343	412,674.70	1203.13	.213	5731.59	256.00
HSC HOSPITALS	11	116	133,536.02	1151.17	.072	12139.64	82.84
NON-HSC HOSPITALS TOTAL	61	217	278,346.68	1282.70	.135	4563.06	172.67
ACCOMMODATIONS	56	217	105,139.05	484.51	.135	1877.48	65.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	56	217	105,139.05	484.51	.135	1877.48	65.22
ANCILLARIES	61	0	173,207.63	.00	.000	2839.47	107.45
INPATIENT CROSSOVERS	1	10	792.00	79.20	.006	792.00	.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	239	885	15,488.81	17.50	.549	64.81	9.61
MEDICAL	8	9	296.79	32.98	.006	37.10	.18
SURGERY	7	6	324.31	54.05	.004	46.33	.20
PATHOLOGY	190	691	7,271.05	10.52	.429	38.27	4.51
RADIOLOGY	54	63	3,453.09	54.81	.039	63.95	2.14
ROOM USE	52	63	2,894.27	45.94	.039	55.66	1.80
CROSSOVERS/ALL OTH OUTPINT	38	53	1,249.30	23.57	.033	32.88	.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	74	147	\$	2,741.90	\$	18.65	.091	\$	37.05	\$	1.70
PATHOLOGY	74	147		2,741.90		18.65	.091		37.05		1.70
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	300	1,409	\$	147,345.82	\$	104.57	.874	\$	491.15	\$	91.41
CLINIC	14	45		1,384.96		30.78	.028		98.93		.86
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	286	1,364		145,960.86		107.01	.846		510.35		90.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR1	FOR JAN 20	002 THRU	DEC	2002	PA	GE 10,588
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

1,612 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	77	507 \$	9,771.01	\$ 19.27	.315 \$	126.90	\$ 6.06
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	418	3,083.40	7.38	.259	280.31	1.91
AMBULANCES/AIR TRANS	11	418	3,083.40	7.38	.259	280.31	1.91
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	48	49	3,954.00	80.69	.030	82.38	2.45
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	13	25	1,650.75	66.03	.016	126.98	1.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	15	1,082.86	72.19	.009	154.69	.67
PROSTHETICS	7	15	1,082.86	72.19	.009	154.69	.67
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	51	\$ 67 , 537.51	\$ 1324.26	.032	\$ 8442.19	\$ 41.90
@XOVER EXCLUDING STATE HOSP**	2	1	\$ 826.58	\$ 826.58	.001	\$ 413.29	\$.51

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,589 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03		
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	JGEES	A:	ID COI	DES 01 02					
										SE		
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY		COST PER		
		OR DAYS					UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		\$.00		
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00		
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	.00		
OFFICE VISITS	0		0		.00		.00	.000	.00	.00		
HOME VISITS	0		0		.00		.00	.000	.00	.00		
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00		
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00		
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00		
INPATIENT VISITS	0		0		.00		.00	.000	.00	.00		
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00		
CRITICAL CARE	0		0		.00		.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00		
EXAMINATIONS	0		0		.00		.00	.000	.00	.00		
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00		
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00		
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00		
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00		
DIALYSIS	0		0		.00		.00	.000	.00	.00		
PATHOLOGY	0		0		.00		.00	.000	.00	.00		
RADIOLOGY	0		0		.00		.00	.000	.00	.00		
PSYCHIATRY	0		0		.00		.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00	.00		
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00		
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00	.00		
SNF/ICF	0		0		.00		.00	.000	.00	.00		
OUTPATIENTS	0		0		.00		.00	.000	.00	.00		
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00		
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00	.00		
ORAL SURGERY	0		0		.00		.00	.000	.00	.00		
DRUGS	0		0		.00		.00	.000	.00	.00		
ANESTHESIA	0		0		.00		.00	.000	.00	.00		

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	10,590
MOP024	FEE-FOR-SERVICE/DE	ENTAL						0	1/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE	ES FOR 64 REFU	JGEES	AI	D CODES 01 02	08			
						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS UN	NITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
	C	OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
^	^	Ō	^	0.0	A 00	000 0	0.0	<u>~</u>	0.0

0 \$ 0 \$ 0 \$ 0 \$

0

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.00

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FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDI	URES 1	MONTH-OF-PAYMENT I	REPORT	r for Jan 2	002 THRU DE	C 2002	PAGE 10,591
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 64 RE	FUGEES	5 2	AID CO	DDES 01 02	08		
							MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERV	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	ARE		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
	_	_							

					,		_
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0.000,000,000,000,000,000,000,000,000,0	0	or brite or orma	0.0				
@COMMUNITY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

BORGERI	O	O .		• 0 0		• 0 0	• 0 0 0	• 0 0		• 0 0
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$		\$.00	.000 \$		Ś	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	.00	۲	.00
	0	0						.00		
DEVELOP. DISABLED	0		<u> </u>	.00	^	.00	.000		<u> </u>	.00
@NURSING FACILITY	U	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		Ś	.00
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	.00	۲	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
	0	0	\$.00	\$.00	.000 \$		ċ	.00
@REHABILITATION FACILITY	0	0	Ą		Ą				Ą	
HOSPITAL BASED	0	•		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	U	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	U	0	Ş		\$.00	.000 \$		Ş	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		\$.00	.000 \$		\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 20	002 THRU DE	C 2002	PA	AGE 10,592
MOP024	FEE-FOR-SERVICE									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 64 REFU	JGEES	A	ID COL	DES 01 02 0	08			
							MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVEF		JNITS/DAYS			COST PER
00 221012220	0021.0	OR DAYS OF CARE				UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$			
DURABLE MED. EQUIP.	0	0	Υ	.00	Υ	.00	.000	.00	۲	.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
	0	0								
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	Ü	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
11001111111011011011	0	O .		.00		• 5 5	• 0 0 0	.00		• 5 0

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SURGERY

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PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 10,593

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 65 BCCTP-FE	DERAL	AID CODES UM	UN		
					MON	THLY AVERAG	GE
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	34	519 \$	32,158.27	\$ 61.96	19.962 \$		\$ 1236.86
@PHYSICIANS SERVICES	25	339 \$	18,277.55	\$ 53.92	13.038 \$	731.10	
OUTPATIENT VISITS	20	22	750.00	34.09	.846	37.50	28.85
OFFICE VISITS	20	22	750.00	34.09	.846	37.50	28.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	1,064.42	81.88	.500	354.81	40.94
PRINCIPAL SURGEON	1	1	705.88	705.88	.038	705.88	27.15
ASSISTANT SURGEON	1	1	141.10	141.10	.038	141.10	5.43
ANESTHESIOLOGIST	1	11	217.44	19.77	.423	217.44	8.36
OUTPATIENT SURGERY	7	29	1,189.21	41.01	1.115	169.89	45.74
PRINCIPAL SURGEON	3	4	661.86	165.47	.154	220.62	25.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	25	527.35	21.09	.962	131.84	20.28
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	12	144.60	12.05	.462	48.20	5.56
RADIOLOGY	10	17	691.42	40.67	.654	69.14	26.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	210	13,545.24	64.50	8.077	1935.03	520.97
OTHER SERVICES/ALL X-OVERS	10	36	892.66	24.80	1.385	89.27	34.33
@PHARMACY	19	35 \$	3,663.06	\$ 104.66	1.346 \$		•
PRESCRIPTION DRUGS	19	35	3,663.06	104.66	1.346	192.79	140.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	19	35	3,663.06	104.66	1.346	192.79	140.89

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	5	16	\$	485.00		30.31	.615	Ċ	97.00	Ċ	18.65
VISITS - DIAGNOSTIC	2	10	Y	81.00		8.10	.385	Y	40.50	Y	3.12
	2	0		.00		.00	.000		.00		.00
ORAL SURGERY	0										
DRUGS	•	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.038		200.00		7.69
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	5		204.00		40.80	.192		102.00		7.85
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	URES	MONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 10,594
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR 65 BC	CTP-F	EDERAL	AID	CODES OM	ON				
							M	ONT	HLY AVERA	GE ·	
26 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CA	ARE				PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	0	0	\$.00		.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
VISITS	0	0	7	.00		.00	.000	Τ	.00	т	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ś	.00		.00	.000	Ċ	.00	Ċ	.00
MEDICINE/INJECTIONS	0	0	Y	.00		.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00					.00		.00
	0	0	ċ			.00	.000	ċ		ċ	
@HOME HEALTH AGENCY	0	0	ې د	.00		.00	.000		.00		.00
NURSE ANESTHESIST	0		Ş A	.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00		.00	.000		.00	\$.00
@TOTAL HOSPITAL	21	126	\$	9,648.47		76.58	4.846	Ş	459.45	\$	371.10
HOSP INPATIENT TOTAL	1	1		5,452.92		5452.92	.038		5452.92		209.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		5,452.92		5452.92	.038		5452.92		209.73
ACCOMMODATIONS	1	1		545.70		545.70	.038		545.70		20.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		545.70		545.70	.038		545.70		20.99
ANCILLARIES	1	0		4,907.22		.00	.000		4907.22		188.74
TNDAMIENM CDOCCOVEDC	0	0		,		0.0	000		0.0		0.0

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

20

1

4

19

12

10

0

0

125

1

4

65

21

15

.00

4,195.55

123.67

411.94

737.99

1,747.29

881.06

.00

.00

.00

33.56

123.67

102.99

11.35

83.20

58.74

.000

.000

4.808

.038

.154

2.500

.808

.577

.00

209.78

123.67

102.99

38.84

145.61

88.11

.00

.00

161.37

4.76

15.84

28.38

67.20

33.89

.00

CROSSOVERS/ALL OTH OUTPTNT	12	19	293.60	15.45	.731	24.47	11.29
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 10,595
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-1	FEDERAL	AID CODES 0M	ON		
					MONT	THLY AVERAG	GE
26 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		S OF CARE		PER UNIT/DAY	-	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	126 \$	9,648.47	\$ 76.58	4.846 \$	459.45	\$ 371.10
COMM HOSP INPATIENT TOTAL	1	1	5,452.92	5452.92	.038	5452.92	209.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	5,452.92	5452.92	.038	5452.92	209.73
ACCOMMODATIONS	1	1	545.70	545.70	.038	545.70	20.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	1		545.70		545.70	.038		545.70		20.99
ANCILLARIES	1	0		4,907.22		.00	.000		4907.22		188.74
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20	125		4,195.55		33.56	4.808		209.78		161.37
MEDICAL	1	1		123.67		123.67	.038		123.67		4.76
SURGERY	4	4		411.94		102.99	.154		102.99		15.84
PATHOLOGY	19	65		737.99		11.35	2.500		38.84		28.38
RADIOLOGY	12	21		1,747.29		83.20	.808		145.61		67.20
ROOM USE	10	15		881.06		58.74	.577		88.11		33.89
CROSSOVERS/ALL OTH OUTPTNT		19	_	293.60	_	15.45	.731	_	24.47	_	11.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	A	.00	<u> </u>	.00	.000	<u> </u>	.00	^	.00
@NURSING FACILITY	U	-	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	•		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	Ś	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	\$.00	.000	Ş	.00	Þ	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD / DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ċ	.00	ċ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	ې	.00	Ş	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	¢	.00	Ċ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	56.26	\$	28.13	.077	Ċ	28.13	Ċ	2.16
PATHOLOGY	2	2	Y	56.26	Y	28.13	.077	Y	28.13	Ÿ	2.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CLINIC	0	0	7	.00	т	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	JRES M	ONTH-OF-PAYMENT RE	EPORT			DEC		PA	GE 10,596
MOP024	FEE-FOR-SERVICE/										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR 65 BC	CTP-FE	DERAL	AID	CODES 0M	ON				- , , ,
							M	ONTH	LY AVERA	GE -	
26 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	s c	OST PER	C	OST PER
		OR DAYS OF CAR	RE				PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	27.93	\$	27.93	.038	\$	27.93	\$	1.07
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	.00	
OPTICIAN	0	0	.00		.00	.000		.00	.00	
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00	
PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	1	1	27.93	27.	. 93	.038	2	7.93	1.07	
PROSTHETICS	1	1	27.93	27.	. 93	.038	2	7.93	1.07	
ORTHOTICS	0	0	.00		.00	.000		.00	.00	
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000		.00	.00	
HOSPICE SERVICES	0	0	.00		.00	.000		.00	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00	
ALL OTHER PROVIDERS	0	0	.00		.00	.000		.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.	.00	.000	\$.00	\$.00	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,597 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MON	THLY AVERAGI	₹
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	16 \$	270.98	\$ 16.94	8.000 \$	90.33	\$ 135.49
@PHYSICIANS SERVICES	1	1 \$	24.00	\$ 24.00	.500 \$	24.00	\$ 12.00
OUTPATIENT VISITS	1	1	24.00	24.00	.500	24.00	12.00
OFFICE VISITS	1	1	24.00	24.00	.500	24.00	12.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 10,598
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

SAN BENITO COUNTY

						M	ONT	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	13	\$ 190.72	\$	14.67	6.500	\$	63.57	\$	95.36
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	3	13	190.72	14.67	6.500	63.57	95.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	190.72	14.67	6.500	63.57	95.36
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00				
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	•	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	I'H-OF-PAYMENT RE	SPORT FOR JAN .	2002 THRU DE	C 2002	PAGE 10,599
MOP024	FEE-FOR-SERVICE		7 0377 37	AID CODES OR	0.00		01/17/03
SAN BENITO COUNTY				ATD CODES OR	() · [·		
	SOMMAN OF SERV	ICES FOR 66 BCCTP-STAT	E-ONL1	THE CODES ON		mii	CE.
					MON		
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	COST PER
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE 13 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 14.67	MON UNITS/DAYS PER ELIG 6.500 \$	COST PER USER 63.57	COST PER ELIGIBLE \$ 95.36
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 3 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES 190.72 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000	COST PER USER 63.57	COST PER ELIGIBLE \$ 95.36 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0	EXPENDITURES 190.72 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000	COST PER USER 63.57 .00	COST PER ELIGIBLE \$ 95.36 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 3 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0	EXPENDITURES 190.72 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000	COST PER USER 63.57 .00 .00	COST PER ELIGIBLE \$ 95.36 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 3 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0	EXPENDITURES 190.72 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000	COST PER USER 63.57 .00 .00 .00	COST PER ELIGIBLE \$ 95.36 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 3 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0	190.72 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0	EXPENDITURES 190.72 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 3 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0	190.72 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0	190.72 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190.72 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 13	EXPENDITURES 190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190.72 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 0	190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 13	190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 13 0	190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 13 0 0 0	EXPENDITURES 190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 0 13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 3 0 0 0 0 0 0 0 0 0 0 0 0 0 3 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 0 13 0 0 0 13 0 0 0 0 0 13 0 0 0 0 0 13 0 0 0 0 0 13 0 0 0 13 0 0 0 0 0 13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 13 0 0 0 13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 190.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 14.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG 6.500 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 63.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 95.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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@NURSING FACILITY

LEV B-REHAB MD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

0

0

0

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś		\$.00
ICF DDH	0	0	7	.00	т.	.00	.000	7	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	56.26	\$	28.13	1.000	\$	28.13	\$	28.13
PATHOLOGY	2	2		56.26		28.13	1.000		28.13		28.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	PP	GE 10,600
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES F	OR 66 BCCT	P-STATE-ONL	Y	AID	CODES OR	OΤ				
							Mo			-	
02 ELIGIBLES		OF SERVICE	EXP	ENDITURES			UNITS/DAY:	S (COST PER		OST PER
	OR D.	AYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,601
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

					MON	ITHLY AVERAG	E
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37	535 \$	32,429.25	\$ 60.62	19.107 \$	876.47	\$ 1158.19
@PHYSICIANS SERVICES	26	340 \$	18,301.55	\$ 53.83	12.143 \$	703.91	\$ 653.63
OUTPATIENT VISITS	21	23	774.00	33.65	.821	36.86	27.64
OFFICE VISITS	21	23	774.00	33.65	.821	36.86	27.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	1,064.42	81.88	.464	354.81	38.02
PRINCIPAL SURGEON	1	1	705.88	705.88	.036	705.88	25.21
ASSISTANT SURGEON	1	1	141.10	141.10	.036	141.10	5.04
ANESTHESIOLOGIST	1	11	217.44	19.77	.393	217.44	7.77
OUTPATIENT SURGERY	7	29	1,189.21	41.01	1.036	169.89	42.47
PRINCIPAL SURGEON	3	4	661.86	165.47	.143	220.62	23.64

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	25		527.35		21.09	.893		131.84		18.83
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	12		144.60		12.05	.429		48.20		5.16
RADIOLOGY	10	17		691.42		40.67	.607		69.14		24.69
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	210		13,545.24		64.50	7.500		1935.03		483.76
OTHER SERVICES/ALL X-OVERS	10	36		892.66		24.80	1.286		89.27		31.88
@PHARMACY	19	35	\$	3,663.06	\$	104.66	1.250	\$	192.79	\$	130.82
PRESCRIPTION DRUGS	19	35		3,663.06		104.66	1.250		192.79		130.82
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	19	35		3,663.06		104.66	1.250		192.79		130.82
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	5	16	\$	485.00	\$	30.31	.571	\$	97.00	\$	17.32
VISITS - DIAGNOSTIC	2	10		81.00		8.10	.357		40.50		2.89
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.036		200.00		7.14
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	5		204.00		40.80	.179		102.00		7.29
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 10,602

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----USERS 28 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 Ω .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .000 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 @HOME HEALTH AGENCY .00 \$.000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 .00 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$.00 0 .00 .00 .00 \$ FAMILY NURSE PRACTITIONER .000 \$.00 24 139 9,839.19 70.79 409.97 \$ @TOTAL HOSPITAL 4.964 \$ 351.40 5,452.92 5452.92 5452.92 .036 194.75 HOSP INPATIENT TOTAL 0 .00 HSC HOSPITALS 0 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL 5,452.92 5452.92 .036 5452.92 194.75 ACCOMMODATIONS 545.70 545.70 .036 545.70 19.49

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		545.70	545.70	.036	545.70	19.49
ANCILLARIES	1	0		4,907.22	.00	.000	4907.22	175.26
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	138		4,386.27	31.78	4.929	190.71	156.65
MEDICAL	1	1		123.67	123.67	.036	123.67	4.42
SURGERY	4	4		411.94	102.99	.143	102.99	14.71
PATHOLOGY	22	78		928.71	11.91	2.786	42.21	33.17
RADIOLOGY	12	21		1,747.29	83.20	.750	145.61	62.40
ROOM USE	10	15		881.06	58.74	.536	88.11	31.47
CROSSOVERS/ALL OTH OUTPINT	12	19		293.60	15.45	.679	24.47	10.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 10,603
	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	67 BCC1	P-TOTAL					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 28 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 24 139 \$ 9,839.19 \$ 70.79 4.964 \$ 409.97 \$ 351.40 5452.92 COMM HOSP INPATIENT TOTAL 1 1 5,452.92 .036 5452.92 194.75 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 1 5,452.92 5452.92 .036 5452.92 194.75 ACCOMMODATIONS 545.70 545.70 .036 545.70 19.49 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 545.70 545.70 .036 545.70 ALL OTHER ACCOM 19.49 4,907.22 .00 4907.22 175.26 ANCILLARIES 0 .000 .00 0 INPATIENT CROSSOVERS .00 .000 .00 .00 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 138 4,386.27 31.78 4.929 190.71 156.65 1 1 123.67 .036 123.67 MEDICAL 123.67 4.42 SURGERY 4 411.94 102.99 102.99 .143 14.71 22 78 928.71 11.91 2.786 42.21 PATHOLOGY 33.17 21 .750 12 83.20 145.61 RADIOLOGY 1,747.29 62.40 ROOM USE 10 15 881.06 58.74 .536 88.11 31.47 .679 CROSSOVERS/ALL OTH OUTPTNT 12 19 293.60 15.45 24.47 10.49

.00 \$

.00

.000 \$

.00 \$

.00

@STATE HOSPITAL

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	4	\$	112.52	\$	28.13	.143	\$	28.13	\$	4.02
PATHOLOGY	4	4		112.52		28.13	.143		28.13		4.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 10,604
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

SAN DENTIO COUNTI	SOPPART OF SERV	VICES FOR OF BEETI TOTAL			MON	THLY AVERAG	E
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	27.93	\$ 27.93	.036 \$	27.93	\$ 1.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	27.93	27.93	.036	27.93	1.00
PROSTHETICS	1	1	27.93	27.93	.036	27.93	1.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,605 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR 68 QMB -	ONLY		AID CO	DE		
						MON	THLY AVERA	GE
95 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19	76	\$	1,975.34	\$ 25.99	.800 \$	103.97	\$ 20.79
@PHYSICIANS SERVICES	16	26	\$	186.31	\$ 7.17	.274	11.64	\$ 1.96
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	16	26		186.31		7.17	.274	11.64		1.96
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	·	.00	.000	.00	·	.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	т	.00	т.	.00	.000	.00	7	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	ES MONT		FD∩D#				D7	GE 10,606
MOP024	FEE-FOR-SERVICE		DD MON.	III OF TATHENT IN	DI OIVI	TOR OAN 2	2002 11110 1	DEC 2002	L	01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV		- ONT V			AID CO	שתר			01/1//03
SAN BENIIO COUNTI	SOMMANI OF SERV	ICES FOR 00 QMB	OIVLI			AID CC		ONTHLY AVERA	CF -	
95 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	AGE COST	UNITS/DAYS		-	OST PER
30 HE101BHD	OBERG	OR DAYS OF CARE		DAIL DIVDITORED			PER ELIG	USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	Τ	.00	Τ	.00	.000	.00	т	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0	Υ	.00	Ψ	.00	.000	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	Υ	.00	Ψ	.00	.000	.00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	۶ \$.00	۶ \$.00	.000		۶ \$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00	.000			.00
FEDIWILIC NOWSE LEWCITLIONER	. 0	U	۲	.00	۲	.00	.000	٠.00	ٻ	.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	35	\$	1,616.97	\$	46.20	.368	\$	231.00	\$	17.02
HOSP INPATIENT TOTAL	1	4		812.00	·	203.00	.042		812.00	·	8.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	4		812.00		203.00	.042		812.00		8.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	31		804.97		25.97	.326		134.16		8.47
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	31		804.97		25.97	.326		134.16		8.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTH-	-OF-PAYMENT REI	PORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 10,607
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY			AID CODE					

----- MONTHLY AVERAGE -----95 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 35 \$ 1,616.97 \$ 46.20 .368 \$ 231.00 \$ 17.02 812.00 COMM HOSP INPATIENT TOTAL 812.00 203.00 .042 .00 .00 .00 .00 HSC HOSPITALS 0 .000 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 0 .00 .000 ACCOMMODATIONS .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .000 812.00 812.00 8.55 203.00 .042 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 6 31 804.97 25.97 .326 134.16 8.47 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	31		804.97		25.97	.326		134.16		8.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU I	DEC	2002	PA	AGE 10,608
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 68 QMB	- ONLY			AID CC	DDE				
							MC	TNC	HLY AVERA	GE -	
95 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S (COST PER	(COST PER
		OR DAYS OF CAR	Œ		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	2	15	\$	172.06	\$	11.47	.158	\$	86.03	\$	1.81
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	15		172.06		11.47	.158		86.03		1.81
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	15		172.06		11.47	.158		86.03		1.81
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
ODMICIAN	0	0		0.0		0.0	000		0.0		0.0

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OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

PORTABLE X-RAY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	19	72	\$ 1,975.34	\$ 27.44	.758	\$ 103.97	\$ 20.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-MOP024 FEE-F

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 10,609

01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

					MC	NTHLY AVERA	GE
1,342 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	515	1,551	\$ 58,932.91	\$ 38.00	1.156	\$ 114.43	\$ 43.91
@PHYSICIANS SERVICES	179	290	\$ 10,574.43	\$ 36.46	.216	\$ 59.08	\$ 7.88
OUTPATIENT VISITS	157	189	7,002.52	37.05	.141	44.60	5.22
OFFICE VISITS	106	123	4,222.78	34.33	.092	39.84	3.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	55	62	2,676.28	43.17	.046	48.66	1.99
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	103.46	25.87	.003	25.87	.08
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	129.19	129.19	.001	129.19	.10
PRINCIPAL SURGEON	1	1	129.19	129.19	.001	129.19	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	15	43	1,890.46	43.96	.032	126.03	1.41
PRINCIPAL SURGEON	9	10	1,099.02	109.90	.007	122.11	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	33	791.44	23.98	.025	131.91	.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	11	87.07	7.92	.008	8.71	.06
RADIOLOGY	23	29	400.18	13.80	.022	17.40	.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	17	1,065.01	62.65	.013	133.13	.79
@PHARMACY	250	565	\$ •	\$ 16.46	.421		
PRESCRIPTION DRUGS	249	552	9,053.08	16.40	.411	36.36	6.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	249	552	9,053.08	16.40	.411	36.36	6.75

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	13	13	244.	66	18.82	.010	18.82		.18
@DENTIST	36	273	\$ 7,916.	00 \$	29.00	.203	219.89	\$	5.90
VISITS - DIAGNOSTIC	31	156	1,856.	00	11.90	.116	59.87		1.38
ORAL SURGERY	4	6	218.	00	36.33	.004	54.50		.16
DRUGS	7	8	175.	00	21.88	.006	25.00		.13
ANESTHESIA	0	0		00	.00	.000	.00		.00
PERIODONTICS	0	0		00	.00	.000	.00		.00
ENDODONTICS	7	26	1,420.	00	54.62	.019	202.86		1.06
RESTORATIVE DENTISTRY	13	75	4,127.	00	55.03	.056	317.46		3.08
PROSTHETICS	0	0	•	00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1	120.	00	120.00	.001	120.00		.09
MAXILLOFACIAL SERVICES	0	0		00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1		00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES MONTH-OF-PAYMEN	T REPO	RT FOR JAN 2	2002 THRU DE	C 2002	PA	GE 10,610
MOP024	FEE-FOR-SERVICE/I	DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVIC	CES FOR 69 133%	PROGRAM	AID (CODES 72 74	8N			
						MON	ITHLY AVERA	GE -	
1,342 ELIGIBLES	USERS (JNITS OF SERVICE			VERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			ER UNIT/DAY	PER ELIG	USER		CLIGIBLE
@OPTOMETRIST	0	0	•	00 \$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		00	.00	.000	.00		.00
EYE APPLIANCES	0	0		00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	•	00 \$.00	.000		\$.00
VISITS	0	0		00	.00	.000	.00		.00
				$\cap \cap$.00	.000	.00		.00
OTHER SERVICES	0	0		00					
@PODIATRIST	0 0	0	\$	00 \$.00	.000 \$.00	\$.00
	0 0 0	0 0	\$.					\$	

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE ANESTHESIST	0	0 \$ 0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$			
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$			
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00	
@TOTAL HOSPITAL	83	216 \$	12,014.48	\$ 55.62	.161 \$			
-	2			2561.77	.001	2561.77	3.82	
HOSP INPATIENT TOTAL	1	2 1	5,123.53					
HSC HOSPITALS	1	1	1,900.00	1900.00	.001	1900.00	1.42	
NON-HSC HOSPITAL TOTAL	1	1	3,223.53	3223.53	.001	3223.53	2.40	
ACCOMMODATIONS	1	1	583.95	583.95	.001	583.95	.44	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	1	583.95	583.95	.001	583.95	. 44	
ANCILLARIES	1	0	2,639.58	.00	.000	2639.58	1.97	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	82	214	6,890.95	32.20	.159	84.04	5.13	
MEDICAL	9	8	285.49	35.69	.006	31.72	.21	
	7	7		79.63			.42	
SURGERY	· · · · · · · · · · · · · · · · · · ·		557.41		.005	79.63		
PATHOLOGY	25	61	651.17	10.67	.045	26.05	.49	
RADIOLOGY	18	22	1,122.70	51.03	.016	62.37	.84	
ROOM USE	57	70	3,470.33	49.58	.052	60.88	2.59	
CROSSOVERS/ALL OTH OUTPTNT	33	46	803.85	17.48	.034	24.36	.60	
@COUNTY HOSPITAL TOTAL	2	2 \$	70.10	\$ 35.05	.001 \$	35.05	\$.05	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0						
ANCILLARIES	U	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	Ü	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	2	70.10	35.05	.001	35.05	.05	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	27.30	27.30	.001	27.30	.02	
ROOM USE	1	1	42.80	42.80	.001	42.80	.03	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M						1
MOP024	FEE-FOR-SERVICE		01 111111111111111111111111111111111111	2101(1 101(0111()	LOUZ IIIKO DE	0 2002	01/17/0	
SAN BENITO COUNTY		VICES FOR 69 133% PRO	CDAM	ID CODEC 72 74	ONT		01/1//0	, ,
SAN BENITO COUNTI	SUMMAKI OF SEK	ICES FOR 09 133% FRO	GRAM	ID CODES 12 14			GE	
1 242 FLICTRIES	Hanna	INTEG OF GERMAN		717ED 7 CE COCE				
1,342 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
0.000.000.000.000.000.000.000.000	2.4	OR DAYS OF CARE	44 0	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	81	214 \$	11,944.38	\$ 55.81		147.46		
COMM HOSP INPATIENT TOTAL	2	2	5,123.53	2561.77	.001	2561.77	3.82	
HSC HOSPITALS	1	1	1,900.00	1900.00	.001	1900.00	1.42	
NON-HSC HOSPITALS TOTAL	1	1	3,223.53	3223.53	.001	3223.53	2.40	
A CCCOMMODA ELLONIC	1	1	E02 0E	F02 0F	0.01	F02 0F	1.1	

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES	1	0		2,639.58		.00	.000		2639.58		1.9/
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	80	212		6,820.85		32.17	.158		85.26		5.08
MEDICAL	9	8		285.49		35.69	.006		31.72		.21
SURGERY	7	7		557.41		79.63	.005		79.63		.42
PATHOLOGY	25	61		651.17		10.67	.045		26.05		.49
RADIOLOGY	17	21		1,095.40		52.16	.016		64.44		.82
ROOM USE	56	69		3,427.53		49.67	.051		61.21		2.55
CROSSOVERS/ALL OTH OUTPTNT		46		803.85		17.48	.034		24.36		.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
LEV A-INTERMEDIATE	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
	0	0		.00			.000		.00		
LEV B-REHAB MD	0	0		.00		.00			.00		.00
LEV B-SUBACUTE FREESTANDING	0	0				.00	.000				.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	•		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	_	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$	276.33	\$	23.03	.009	\$	55.27	\$.21
PATHOLOGY	5	12		276.33		23.03	.009		55.27		.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	151	188	\$	18,302.41	\$	97.35	.140	\$	121.21	\$	13.64
CLINIC	1	1		32.62		32.62	.001		32.62		.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	150	187		18,269.79		97.70	.139		121.80		13.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 10,612
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 69 133	% PR	OGRAM A	ID CC	DES 72 74	8N				
							M	ONT:	HLY AVERA	GE ·	
1,342 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	E		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3	7	\$	551.52	\$	78.79	.005	\$	183.84	\$.41
DURABLE MED. EQUIP.	1	1		99.99		99.99	.001		99.99		.07
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	5		138.73		27.75	.004		138.73		.10
AMBULANCES/AIR TRANS	1	5		138.73		27.75	.004		138.73		.10
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	Ö		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
221.2110 21021102 11011110	ŭ	O		• • • •		• • • •	• • • • •		• • • •		• 0 0

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ALL OTHER ACCOM

ANCILLARIES

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583.95

.00

.001

.000

583.95

2639.58

.44

1.97

583.95

2,639.58

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	312.80	312.80	.001	312.80	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	17	\$ 3,074.12	\$ 180.83	.013	\$ 307.41	\$ 2.29
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,613 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----864 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 200 267.39 \$ @TOTAL, ALL PROVIDERS 753 53,478.11 71.02 .872 \$ 61.90 @PHYSICIANS SERVICES 55 105 7,620.95 72.58 .122 \$ 138.56 \$ 8.82 35 42 59.16 .049 70.99 OUTPATIENT VISITS 2,484.63 2.88 13 15 53.79 62.07 OFFICE VISITS 806.88 .017 .93 0 0 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM 421.42 46.82 .010 46.82 .49 0 PREVENTIVE CARE Ω .00 .00 .000 .00 .00 5 .006 OB VISITS/COMPRE PERI 3 434.06 86.81 144.69 .50 OTHER OUTPATIENT 13 822.27 63.25 .015 82.23 INPATIENT VISITS 3 159.91 53.30 .003 53.30 .19 HOSPITAL VISITS 159.91 53.30 .003 53.30 .19 CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 1,666.54 416.64 .005 416.64 1.93 INPATIENT HOSPITAL SURGERY 1,480.04 493.35 493.35 1.71 PRINCIPAL SURGEON .003 1 186.50 186.50 ASSISTANT SURGEON 186.50 .001 .22 0 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 11 2,428.49 93.40 .030 220.77 2.81 9 1,816.59 201.84 201.84 PRINCIPAL SURGEON .010 2.10 0 .00 .00 .000 .00 .00 ASSISTANT SURGEON 35.99 122.38 17 611.90 .020 .71 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS 6 PATHOLOGY 158.71 19.84 .009 26.45 .18 13 RADIOLOGY 13 448.27 34.48 .015 34.48 .52 .00 **PSYCHIATRY** .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	2	5	142.07	28.41	.006	71.04	.16
OTHER SERVICES/ALL X-OVERS	4	4	132.33	33.08	.005	33.08	.15
@PHARMACY	56	128	3,500.28	\$ 27.35	.148	\$ 62.51	\$ 4.05
PRESCRIPTION DRUGS	55	126	3,475.59	27.58	.146	63.19	4.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	55	126	3 , 475.59	27.58	.146	63.19	4.02
MEDICAL SUPPLIES	2	2	24.69	12.35	.002	12.35	.03
@DENTIST	29	155	4,842.00	\$ 31.24	.179	\$ 166.97	\$ 5.60
VISITS - DIAGNOSTIC	21	101	2,099.00	20.78	.117	99.95	2.43
ORAL SURGERY	6	9	301.00	33.44	.010	50.17	.35
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.001	71.00	.08
RESTORATIVE DENTISTRY	11	31	1,421.00	45.84	.036	129.18	1.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	12	950.00	79.17	.014	237.50	1.10
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 10,614
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03

SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

SAN BENITO COUNTY

----- MONTHLY AVERAGE -----864 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 218.85 @OPTOMETRIST 13 \$ 16.83 .015 \$ 54.71 \$ 1 47.45 47.45 .001 47.45 .05 DIAGNOSTIC AND ANC. PROCED 12 171.40 14.28 42.85 EYE APPLIANCES .014 .20 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 \$ @CHIROPRACTOR .00 \$.00 .00 \$.00 .00 .00 .00 .00 VISITS .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST .00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 OTHER .00 .00 .000 .00 7 @HOME HEALTH AGENCY 479.29 \$ 68.47 .008 \$ 239.65 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 0 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER 165 23,120.32 @TOTAL HOSPITAL 140.12 .191 \$ 491.92 \$ 26.76 3 17 17,318.35 1018.73 .020 5772.78 HOSP INPATIENT TOTAL 20.04 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 17 17,318.35 1018.73 .020 5772.78 20.04 17 7,884.60 463.80 .020 2628.20 ACCOMMODATIONS 9.13 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 17 463.80 7,884.60 .020 2628.20 ALL OTHER ACCOM 9.13 ANCILLARIES 0 9,433.75 .00 .000 3144.58 10.92 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SURGERY 7 7 396.20 56.60 .008 56.60 PATHOLOGY 26 74 865.16 11.69 .086 33.28 1	56 46 00 47 21 02 00
PATHOLOGY 26 74 865.16 11.69 .086 33.28 1.	00 47 21 02
	47 21 02
RADIOI.OGY 8 403 49 50 44 009 50 44	21 02
1410101 0 10.17 0.11 0 10.11 0	02
ROOM USE 26 37 1,913.33 51.71 .043 73.59 2.	
CROSSOVERS/ALL OTH OUTPINT 13 22 1,741.27 79.15 .025 133.94 2.	$\cap \cap$
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$	0 0
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	00
ANCILLARIES 0 0 .00 .00 .00 .00 .00	00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	00
MEDICAL 0 0 .00 .00 .00 .00 .00	00
SURGERY 0 0 .00 .00 .00 .00 .00	00
PATHOLOGY 0 0 .00 .00 .00 .00 .00	00
RADIOLOGY 0 0 .00 .00 .00 .00 .00	00
ROOM USE 0 0 .00 .00 .00 .00 .00	00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10	
MOP024 FEE-FOR-SERVICE/DENTAL 01/1	7/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R	
MONTHLY AVERAGE	
864 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST I	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIF	
@COMMUNITY HOSPITAL TOTAL 47 165 \$ 23,120.32 \$ 140.12 .191 \$ 491.92 \$ 26.	76

COMM HOSP INPATIENT TOTAL	3	17		17,318.35		1018.73	.020		5772.78		20.04
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	3	17		17,318.35		1018.73	.020		5772.78		20.04
ACCOMMODATIONS	3	17		7,884.60		463.80	.020		2628.20		9.13
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	17		7,884.60		463.80	.020		2628.20		9.13
ANCILLARIES	3	0		9,433.75		.00	.000		3144.58		10.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ō		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	45	148		5,801.97		39.20	.171		128.93		6.72
MEDICAL	0	0		482.52		.00	.000		.00		.56
SURGERY	7	7		396.20		56.60	.008		56.60		.46
PATHOLOGY	26	74		865.16		11.69	.086		33.28		1.00
RADIOLOGY	8	8		403.49		50.44	.009		50.44		.47
	26	37		1,913.33		51.71			73.59		2.21
ROOM USE				·			.043				
CROSSOVERS/ALL OTH OUTPINT	13	22	Ċ	1,741.27	÷	79.15	.025	ċ	133.94	ċ	2.02
@STATE HOSPITAL	•	0	\$.00	\$.00		\$.00	Þ	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	20.66	\$.00	.000	\$.00	\$.02
HOSPITAL BASED	0	0	·	20.66		.00	.000		.00		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	10	\$	274.58	\$	27.46	.012	\$	45.76	Ś	.32
PATHOLOGY	6	10	7	274.58	- T	27.46	.012	т.	45.76	т.	.32
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	64	144	\$	12,904.23	\$	89.61	.167	Ś	201.63	Ś	14.94
CLINIC	5	18	τ	446.72	Τ	24.82	.021	т	89.34	т	.52
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	60	126		12,457.51		98.87	.146		207.63		14.42
#CALIF DEPT OF HEALTH SERV			י סיותו	MONTH-OF-PAYMENT F	ים אים ביים			חהכ		D	AGE 10,616
MOP024			JRES .	MONIH-OF-PAIMENI F	REPOR.	I FOR JAN 2	2002 IRU .	DEC	2002	P	
	FEE-FOR-SERVICE		۰۵ م	OCD AM	ATD CO	DEC 73 70	O.D.				01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV	TCES FOR /U IUU	J6 PR	OGRAM A	AID CO	JDES /A /C		^ N T ETT!		C.D.	
0.64 77 76777 76			~=				M				
864 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
Oll Office Decisions	4.0	OR DAYS OF CAR		406 0		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	16	26	\$	496.95	\$	19.11	.030	Ş	31.06	Ş	.58
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	3		131.63		43.88	.003		131.63		.15

AMBULANCES/AIR TRANS	1	3	131.63	43	.88	.003	131.63		.15
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	2	2	160.00	80	.00	.002	80.00		.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	3	6	49.92	8	.32	.007	16.64		.06
PHYSICAL THERAPIST	1	1	88.69	88	.69	.001	88.69	1	.10
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	9	14	66.71	4	.77	.016	7.41		.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	23	71	\$ 6,698.05	\$ 94	.34	.082	\$ 291.22	\$	7.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,617
MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,013 4,288 304,494.81 \$ 71.01 .000 \$ 300.59 \$.00 .00 107 179 8,621.35 48.16 .000 \$ 80.57 \$ @PHYSICIANS SERVICES 38 64 62.69 105.58 OUTPATIENT VISITS 4,012.17 .000 .00 OFFICE VISITS 132.62 16.58 .000 16.58 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 3,879.55 69.28 .000 129.32 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS 0 .00 .00 .00 .00 .000 0 SERVICES AND MATERIALS .00 .00 .000 .00 .00 19 430.07 22.64 215.04 INPATIENT HOSPITAL SURGERY .000 .00 .00 0 .00 .00 PRINCIPAL SURGEON .000 .00 0 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST 19 430.07 22.64 .000 215.04 .00 OUTPATIENT SURGERY 12 775.29 64.61 .000 155.06 .00 PRINCIPAL SURGEON 601.28 120.26 .000 200.43 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	7		174.01		24.86	.000		87.01		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	12		76.84		6.40	.000		6.40		.00
RADIOLOGY	70	72		3,326.98		46.21	.000		47.53		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	383	1,040	\$	10,940.30	\$	10.52	.000	\$	28.56	\$.00
PRESCRIPTION DRUGS	373	1,019		9,755.80		9.57	.000		26.15		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	373	1,019		9,755.80		9.57	.000		26.15		.00
MEDICAL SUPPLIES	14	21		1,184.50		56.40	.000		84.61		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CXITE DEDT OF HEXITH CEDV	MEDI-CAI SERVICES 7	MD EVDENDITID	EC MON	TTU_OF_DXVMENT DE	FDODT I	MAT DO	2002 #4011	DEC	2002	DAG	TE 10 619

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,618 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

						M	CNO	THLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	199	280	\$ 7,078.49	\$	25.28	.000	\$	35.57	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	199	280	7,078.49	25.28	.000	35.57	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	91.12	30.37	.000	30.37	.00
PATHOLOGY	169	222	3,210.91	14.46	.000	19.00	.00
RADIOLOGY	35	35	2,752.27	78.64	.000	78.64	.00
ROOM USE	17	17	631.25	37.13	.000	37.13	.00
CROSSOVERS/ALL OTH OUTPINT	3	3	392.94	130.98	.000	130.98	.00
@COUNTY HOSPITAL TOTAL	ა ე	2 \$	100.22	\$ 50.11		50.11	
	0	0				.00	
CO HOSPITAL INPATIENT TOTAL	•		.00	.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	100.22	50.11	.000	50.11	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	30.00	30.00	.000	30.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	70.22	70.22	.000	70.22	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 10,619
MOP024	FEE-FOR-SERVICE				2002 111110 220	2002	01/17/03
SAN BENITO COUNTY		VICES FOR 71 PRESUMP E	I.TGTRTI.TTY-PREGNA	NT AID CODES	7 F		01/11/00
SAN BENITO COUNTI	DOMPIANT OF DEITY	TOBS FOR /I TRESOME E	DIGIDIDITI INEGNA	MI AID CODES	MONT	HIY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
OO EDIGIBLES	ODENO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITAL HORDINAL HORAL	197		6 079 27				
@COMMUNITY HOSPITAL TOTAL	197		6,978.27	\$ 25.10	.000 \$	35.42	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	197	278	6 , 978.27	25.10	.000	35.42	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	91.12	30.37	.000	30.37	.00
PATHOLOGY	169	222	3,210.91	14.46	.000	19.00	.00
RADIOLOGY	35	35	2,752.27	78.64	.000	78.64	.00
ROOM USE	16	16	601.25	37.58	.000	37.58	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	322.72	161.36	.000	161.36	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
	-	- '	· · ·				

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	148	195	\$	3,865.94	\$	19.83	.000	\$	26.12	\$.00
PATHOLOGY	148	195		3,865.94		19.83	.000		26.12		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	592	2 , 546	\$	269,138.73	\$	105.71	.000	\$	454.63	\$.00
CLINIC	3	34		1,013.72		29.82	.000		337.91		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	589	2,512		268,125.01		106.74	.000		455.22		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	IONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 20	02 THRU	DEC	2002	PA	GE 10,620
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES	FOR 71 PRE	SUMP	ELIGIBILITY-PREGNA	TNF	AID CODES 7					
						-	M	ONT	HLY AVERA	GE -	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	48	48 \$	4,850.00	\$ 101.04	.000 \$	101.04 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	48	48	4,850.00	101.04	.000	101.04	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

	MONTHLY AVERAGE							GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

 $[\]star\star$ These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	_ ~	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	002 THRU DE	C 2002	PA	GE 10,622
MOP024	FEE-FOR-SERVICE/		~		~~~					01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVI	CES FOR /2 MEDI	-CAL	TUBERCULOSIS PROG	3RAM	AID CO			~-	
00 51 5355 53	110770				3		MON			
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		OST PER
O O DECMEED TOE	0	OR DAYS OF CARE		0.0			PER ELIG	USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	-		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	÷	.00	ċ	.00	.000	.00	ċ	.00
@CHIROPRACTOR	0		\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES @PODIATRIST	0	0	\$.00	\$.00	.000 .000 \$		ċ	.00
· · ·	0		Ş		Ą	.00			\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES. RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00			.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ċ	.00			\$.00
NURSE ANESTHESIST	0	0	۶ \$.00	\$ \$.00			۶ \$.00
NURSE MIDWIFE	0	0	۶ \$.00	۶ \$.00	.000 \$		۶ \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$.00	۶ \$.00	.000 \$		۶ \$.00
IDDIAINIC MONSE ENACITIIONER	U	U	7	.00	7	.00	.000 4	.00	Y	• 0 0

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0							
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	U	U		.00	.00	.000	.00		.00
ANCILLARIES	Ü	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	.00	.000	.00	Ψ.	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00			.00		
	0	0			.00	.000			.00
ACCOMMODATIONS	U	U		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURE	ES MOI					P	AGE 10,623
MOP024	FEE-FOR-SERVIC		1011	VIII OI IZIIIIIVI IXI	31 01(1 1 01(0111)	2002 IIII(0 D.	DC 2002		01/17/03
SAN BENITO COUNTY		VICES FOR 72 MEDI-	-CAT. 1	TIBERCIII.OSIS PROC	GRAM AID C	ODF			01/1//05
DIN BENITO COUNT	bolimit(i ol bli)	VICES FOR 72 FIEDE	CIII .	IODERCOLOSIS IROC	51411 1110		NTHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			-	COST PER
00 EHIGIDLES	OSEKS	OR DAYS OF CARE		EXFENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$.00	\$.00	.000			.00
COMM HOSP INPATIENT TOTAL	0	0	Ÿ	.00	.00	.000	.00	Y	
									.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
	•	-							

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
	0	•								
ROOM USE	U	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	т	.00	.000	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
		-								
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	.00		.00
ICF DD	0	Õ		.00		.00	.000	.00		.00
	0									
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ü	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	0	-	Ą		Ą				۲	
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	Ü	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	ו סשמוויי	MONTH-OF-PAYMENT F					Г	AGE 10,624
MOP024			LUKES	MONIA-OF-FAIMENI F	KEFUKI	FOR JAN 2	2002 IRKU L	DEC 2002	г	•
		/ DENTAL								01/17/03
	FEE-FOR-SERVICE,				000311	3.70 00				
SAN BENITO COUNTY			EDI-CA	L TUBERCULOSIS PRO	OGRAM	AID CO				
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 72 ME					MC	ONTHLY AVER		
				L TUBERCULOSIS PRO EXPENDITURES		RAGE COST	MC UNITS/DAYS			 COST PER
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 72 ME	CE		AVE	RAGE COST	MC			COST PER
SAN BENITO COUNTY	SUMMARY OF SERV	ICES FOR 72 ME UNITS OF SERVI	CE		AVE	RAGE COST	MC UNITS/DAYS PER ELIG	S COST PER USER		
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV	UNITS OF SERVIOR DAYS OF CA	ICE ARE	EXPENDITURES .00	AVE	RAGE COST UNIT/DAY .00	MC UNITS/DAYS PER ELIG .000	COST PER USER \$.00		ELIGIBLE .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVE USERS 0 0	UNITS OF SERVIOR DAYS OF CA	ICE ARE	EXPENDITURES .00 .00	AVE	RAGE COST UNIT/DAY .00	UNITS/DAYS PER ELIG .000 .000	COST PER USER \$.00		ELIGIBLE .00 .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVE USERS	UNITS OF SERVIOR DAYS OF CA	ICE ARE	EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	MC UNITS/DAYS PER ELIG .000 .000	S COST PER USER \$.00 .00		ELIGIBLE .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVE USERS 0 0	UNITS OF SERVIOR DAYS OF CA	ICE ARE	EXPENDITURES .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000	S COST PER USER \$.00 .00 .00		ELIGIBLE .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVE USERS 0 0	UNITS OF SERVIOR DAYS OF CAU	ICE ARE	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00		ELIGIBLE .00 .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00		ELIGIBLE .00 .00 .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVE USERS 0 0	UNITS OF SERVIOR DAYS OF CAU	ICE ARE	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00		ELIGIBLE .00 .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00		ELIGIBLE .00 .00 .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00 .00	\$	ELIGIBLE .00 .00 .00 .00 .00
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00	\$	ELIGIBLE
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00	Ş	ELIGIBLE
SAN BENITO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	Ş	ELIGIBLE
OO ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	Ş	ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
OO ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00	\$	ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
OO ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVIOR DAYS OF CF O O O O O O O O O O O O O	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$	ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
OO ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Ş	ELIGIBLE
OO ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	SUMMARY OF SERVE	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Ş	ELIGIBLE
OO ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVIOR DAYS OF CAUCAGE	ICE ARE	EXPENDITURES	AVE PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Ş	ELIGIBLE

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,625 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MO1	ITHLY AVERA	GE
247 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	Œ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	234	1,157	\$	139,718.66	\$ 120.76	4.684	597.09	\$ 565.66
@PHYSICIANS SERVICES	128	427	\$	34,753.94	\$ 81.39	1.729	\$ 271.52	\$ 140.70
OUTPATIENT VISITS	58	90		6 , 276.96	69.74	.364	108.22	25.41
OFFICE VISITS	20	24		1,066.89	44.45	.097	53.34	4.32
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6		454.81	75.80	.024	75.80	1.84
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	38	60		4,755.26	79.25	.243	125.14	19.25
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	15	38		1,973.74	51.94	.154	131.58	7.99

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	14	35		1,712.55		48.93	.142		122.33		6.93
CRITICAL CARE	1	3		261.19		87.06	.012		261.19		1.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	29	49		18,093.14		369.25	.198		623.90		73.25
PRINCIPAL SURGEON	23	22		16,948.11		770.37	.089		736.87		68.62
ASSISTANT SURGEON	3	3		454.97		151.66	.012		151.66		1.84
ANESTHESIOLOGIST	5	24		690.06		28.75	.097		138.01		2.79
OUTPATIENT SURGERY	20	38		4,367.93		114.95	.154		218.40		17.68
PRINCIPAL SURGEON	20	26		4,009.61		154.22	.105		200.48		16.23
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	12	12		358.32		29.86	.049		29.86		1.45
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	19	47		202.74		4.31	.190		10.67		.82
RADIOLOGY	43	47		2,898.58		61.67	.190		67.41		11.74
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	21	70		448.83		6.41	.283		21.37		1.82
OTHER SERVICES/ALL X-OVERS	18	48		492.02		10.25	.194		27.33		1.99
@PHARMACY	46	89	\$	1,307.13	\$	14.69	.360	\$	28.42	\$	5.29
PRESCRIPTION DRUGS	46	87		1,307.13		15.02	.352		28.42		5.29
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	46	87		1,307.13		15.02	.352		28.42		5.29
MEDICAL SUPPLIES	1	2		.00		.00	.008		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2002 THRU	DEC	2002	P.	AGE 10,626

MOP024 FEE-FOR-SERVICE/DENTAL
SAN BENITO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----247 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00

01/17/03

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	7	15 \$		943.98		62.93	.061		134.85		3.82
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000		.00		.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$			\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$.00		.00	.000		.00		.00
@TOTAL HOSPITAL	96	356 \$		79,189.44	\$		1.441	\$	824.89	\$	320.61
HOSP INPATIENT TOTAL	21	67		74,596.12		1113.37	.271		3552.20		302.01
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	21	67		74,596.12		1113.37	.271		3552.20		302.01
ACCOMMODATIONS	19	67		31,087.85		464.00	.271		1636.20		125.86
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	67		31,087.85		464.00	.271		1636.20		125.86
ANCILLARIES	21	0		43,508.27		.00	.000		2071.82		176.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	83	289		4,593.32		15.89	1.170		55.34		18.60
MEDICAL	1	1		32.19		32.19	.004		32.19		.13
SURGERY	0	0		22.58		.00	.000		.00		.09
PATHOLOGY	61	234		2,543.71		10.87	.947		41.70		10.30
RADIOLOGY	11	12		771.31		64.28	.049		70.12		3.12
ROOM USE	20	22		954.13		43.37	.089		47.71		3.86
CROSSOVERS/ALL OTH OUTPTNT	14	20		269.40		13.47	.081		19.24		1.09
@COUNTY HOSPITAL TOTAL	1	3 \$		90.00	\$.012	Ś	90.00	Ś	.36
CO HOSPITAL INPATIENT TOTAL	0	0		.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		90.00		30.00	.012		90.00		.36
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
RADIOLOGY	1	ں ع		90.00		30.00			90.00		.00 .36
ROOM USE	0	0		.00		.00	.012		.00		.36
CROSSOVERS/ALL OTH OUTPTNT			MONIMI		ם חחיב			ספס		ъ.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MUNTH	1-OF-PAIMENT RE	1PUK	I FUR JAN	ZUUZ THKU	DEC	2002	PA	AGE 10,627

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 247 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 96 353 \$ \$ 224.08 1.429 \$ 823.95 \$ 320.24 79,099.44 COMM HOSP INPATIENT TOTAL 21 67 74,596.12 1113.37 .271 3552.20 302.01 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 21 67 74,596.12 .271 3552.20 NON-HSC HOSPITALS TOTAL 1113.37 302.01 464.00 1636.20 125.86 ACCOMMODATIONS 19 67 31,087.85 .271 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

SAN BENITO COUNTY

ALL OTHER ACCOM	19	67		31,087.85		464.00	.271		1636.20		125.86
ANCILLARIES	21	0		43,508.27		.00	.000		2071.82		176.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	82	286		4,503.32		15.75	1.158		54.92		18.23
MEDICAL	1	1		32.19		32.19	.004		32.19		.13
SURGERY	0	0		22.58		.00	.000		.00		.09
PATHOLOGY	61	234		2,543.71		10.87	.947		41.70		10.30
RADIOLOGY	11	12		771.31		64.28	.049		70.12		3.12
ROOM USE	19	19		864.13		45.48	.077		45.48		3.50
CROSSOVERS/ALL OTH OUTPTNT		20		269.40		13.47	.081		19.24		1.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	۲	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	۲	.00	Ÿ	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
ICF DDH	0	0	۲	.00	Ÿ	.00	.000	٧	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	Y	.00	.000	٧	.00	Ψ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	36	\$	792.08	\$	22.00	.146	Ś	28.29	Ś	3.21
PATHOLOGY	28	36	т.	792.08	т	22.00	.146	7	28.29	4	3.21
XO AND OTHERS		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	64	220	\$	21,428.40	\$	97.40	.891	Ś	334.82	Ś	86.75
CLINIC	12	29	'	1,471.39	'	50.74	.117	'	122.62		5.96
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	52	191		19,957.01		104.49	.773		383.79		80.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES 1					DEC		P	AGE 10,628
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----247 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,303.69 \$ 93.12 .057 \$ 100.28 \$ 5.28 @ALL OTHER PROVIDERS 13 14 \$ 0 .00 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .000 BLOOD BANK 0 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .000 .00 OTHER SERVICES .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 12 13 1,215.00 93.46 .053 101.25 4.92

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

SAN BENITO COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	.000	.00	.00
OPTICIAN	0	0	.00	.0	.000	.00	.00
PHYSICAL THERAPIST	1	1	88.69	88.6	9 .004	88.69	.36
PORTABLE X-RAY	0	0	.00	.0	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0	.000	.00	.00
PROSTHETICS	0	0	.00	.0	.000	.00	.00
ORTHOTICS	0	0	.00	.0	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.0	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.0	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,629 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

SAN BENITO COUNTI	SUMMAKI OF SEK	VICES FOR 74 FOR	FUIUK	r OSE		MON	תחות אוובטא	CF
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FTIGIPTE2	OSEKS	OR DAYS OF CARE		EVEFUDIIONES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE	Ċ	.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	٠ د	.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	۲	.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
T O T O II TU T I / I	U	U		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	RES MONTH-OF	-PAYMENT REPO	ORT FOR JAN	2002 THRU DE	C 2002	PAGE 10,630
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICES FOR	74 FOR	FUTURE USE					
						MON	THLY AVERAG	E

					14011	TIITI VARIVA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

ACUITDODD ACTION	0	0	Ċ	0.0	Ċ	0.0	.000	ċ 00	\$.00
@CHIROPRACTOR	0		\$.00	\$.00		\$.00	
VISITS		0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
	•	0	<u>ب</u>						
PEDIATRIC NURSE PRACTITIONER	. •		ې د	.00	\$.00	.000	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
	0	0							
ALL OTHER INPATIENT	ŭ	ŭ		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	. 0	0	'	.00	'	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
	0	0							
ACCOMMODATIONS	0	•		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	
	•	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	· · · · · · · · · · · · · · · · · · ·	•	EG 1/01/						
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	EPORT .	OR JAN 200	JZ THRU I	DEC 2002	PAGE 10,631
MOP024	FEE-FOR-SERVIC								01/17/03
SAN BENITO COUNTY	SUMMARY OF SER	VICES FOR 74 FOR 3	FUTURE	USE					
							MC	ONTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER	COST PER
		OR DAYS OF CARE			PER 1	JNIT/DAY I	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
					•				

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ş	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			REG M	MONTH-OF-PAYMENT RE	Z D \ D T			DEC		DΔ	GE 10,632
MOP024	FEE-FOR-SERVICE		KED I	MONTH OF TATMENT IN	11 01(1	TON OAN 200	2 1111(0	DEC	2002	LA	01/17/03
SAN BENITO COUNTY		ICES FOR 74 FOR	וחוום	TRE USE							01/1//05
DIN BEN110 COUNT	DOIMMING OF BEING	TODO TOTO / T TOTO	1010	0111 001			N	ОИТ	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	FC.	EXPENDITURES	AVF	RAGE COST UN				-	OST PER
00 111011110	ODEIG	OR DAYS OF CAR				UNIT/DAY P			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		.00		.00
DURABLE MED. EQUIP.	0	0		.00	,	.00	.000	•	.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAI MDANCDODMAMION	0	0		0.0		0.0	000		0.0		0.0

0

MEDICAL TRANSPORTATION

0

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0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0 9	\$.00	\$.00	.000	\$.00	\$.00
0	0 9	\$.00	\$.00	.000	\$.00	\$.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 </td <td>0 0 .00</td>	0 0 .00

 $[\]ensuremath{ @^{*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,633 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			,					
						MON	ITHLY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12	30	\$	3,689.11	\$ 122.97	.909 \$	307.43	\$ 111.79
@PHYSICIANS SERVICES	2	3	\$	97.47	\$ 32.49	.091 \$	48.74	\$ 2.95
OUTPATIENT VISITS	1	1		75.17	75.17	.030	75.17	2.28
OFFICE VISITS	1	1		75.17	75.17	.030	75.17	2.28
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.00	Λ	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.00		.00		.00
DIALYSIS	0	0		.00		.00	.00		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.00		.00		.00
RADIOLOGY	0	0		.00		.00	.00		.00		.00
PSYCHIATRY	0	0		.00		.00	.00		.00		.00
IMMUNIZATION AND INJECTION	O	0		.00		.00	.00		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		22.30		11.15	.06		22.30		.68
@PHARMACY	8		\$	3,364.75		186.93		5 \$		\$	101.96
PRESCRIPTION DRUGS	6	14		3,305.78		236.13	. 42	4	550.96		100.18
SNF/ICF	0	0		.00		.00	.00	0	.00		.00
OUTPATIENTS	6	14		3,305.78		236.13	. 42	4	550.96		100.18
MEDICAL SUPPLIES	4	4		58.97		14.74	.12	1	14.74		1.79
@DENTIST	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.00	0	.00		.00
ORAL SURGERY	0	0		.00		.00	.00	0	.00		.00
DRUGS	0	0		.00		.00	.00	0	.00		.00
ANESTHESIA	0	0		.00		.00	.00	0	.00		.00
PERIODONTICS	0	0		.00		.00	.00	0	.00		.00
ENDODONTICS	0	0		.00		.00	.00	0	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.00	0	.00		.00
PROSTHETICS	0	0		.00		.00	.00		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.00		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-		PORT			U DE		P	AGE 10,634
MOP024	FEE-FOR-SERVICE/DENTAL		S HOIVIH OF	TITITUTE IND	1 01(1	1010 01110	2002 1111	U DE	.0 2002	1.	01/17/03
1101 02 1	I DD I OIL ODILVICE/ DENIAL		,				_				01/1//05

SUMMARY OF SER	VICES FOR	/5 SSI	APPEAL/NJ	1DC		AID CODES	6N				
							M	ГИО	THLY AVERA	GΕ	
USERS	UNITS OF	SERVICE	I	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
1		4	\$	90.30	\$	22.58	.121	\$	90.30	\$	2.74
1		1		47.45		47.45	.030		47.45		1.44
1		3		42.85		14.28	.091		42.85		1.30
0		0		.00		.00	.000		.00		.00
0		0	\$.00	\$.00	.000	\$.00	\$.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0	\$.00	\$.00	.000	\$.00	\$.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0	\$		\$			\$		\$.00
0		0	\$		\$			\$		\$.00
0		0	\$		\$.00		\$		\$.00
. 0		0	\$		\$.00		\$		\$.00
0		0	\$		\$			\$		\$.00
1		2	\$		\$			\$		\$	1.27
0		0				.00					.00
0		0				.00					.00
0		0				.00					.00
0		0		.00		.00	.000		.00		.00
	USERS 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF OR DAYS 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 1	USERS UNITS OF SERVICE OR DAYS OF CARE 1	USERS UNITS OF SERVICE OR DAYS OF CARE 1	USERS UNITS OF SERVICE OR DAYS OF CARE 1	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 1 4 \$ 90.30 \$ 22.58 1 1 1 47.45 47.45 1 3 42.85 14.28 0 0 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 0 0 0 00 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG 1 4 \$ 90.30 \$ 22.58 .121 1 1 47.45 47.45 .030 1 33 42.85 14.28 .091 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 1	USERS

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

SAN BENITO COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	Ō	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	42.02		.061	42.02	1.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.62	.00	.000	.00	.11
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	18.28	.00	.000	.00	.55
CROSSOVERS/ALL OTH OUTPTNT	1	2	20.12	10.06	.061	20.12	.61
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 10,635

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N 01/17/03

SAN BENITO COUNTI	SUMMARI OF SERVICE,	5 FUR /5 551 A	AFFEAL/N	LDC	A	ID CODES				~-	
22 BITGIBIBS	HOEDO	TEC OF CERTICE			71700	ACE COCE	M				
33 ELIGIBLES	0.1	ITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
ACOMMINITAL HOODINAL HOMAL	1 0	R DAYS OF CARE	Ċ	42.02			PER ELIG		USER 42.02		ELIGIBLE 1.27
@COMMUNITY HOSPITAL TOTAL	1	2	ې	42.02	\$	21.01	.061	Þ	.00	Þ	.00
COMM HOSP INPATIENT TOTAL	_	•									
HSC HOSPITALS	0 0 0 0 0 0 0 0 0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00 42.02		.00
COMM HOSP OUTPATIENT TOTAL	1	2		42.02		21.01	.061		42.02		1.27
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		3.62		.00	.000		.00		.11
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		18.28		.00	.000		.00		.55
CROSSOVERS/ALL OTH OUTPTNT	1	2		20.12		10.06	.061		20.12		.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	*	.00	Т.	.00	.000	7	.00	7	.00
LEV B-REHAR MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	· ·	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B TRANSTITIONAL IF CARE	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICE DD	0	0		.00		.00	.000				.00
ICF DD	0								.00		
	0	0	^	.00	A	.00	.000	<u> </u>	.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0 0 0 0 0 0 0 0 0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	77.93	\$	77.93	.030	\$	77.93	\$	2.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		77.93		77.93	.030		77.93		2.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MONTH	-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	AGE 10,636
MOP024	FEE-FOR-SERVICE/DE										01/17/03
SAN BENITO COUNTY	SUMMARY OF SERVICE:	S FOR 75 SSI 2	APPEAL/N	LDC	A	ID CODES	6N				
							M	ONT	HLY AVERA	GE -	
22 81 1018180	HODDO INI	TMC OF CERTIFICE			3.1.111	7 CD COCE	TINITED / DAY	a /	COCH DED	,	NA SER

----- MONTHLY AVERAGE -----33 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	16.64	\$ 8.32	.061 \$	16.64 \$.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.061	16.64	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	2	4 \$	39.84	\$ 9.96	.121 \$	19.92 \$	1.21

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,637 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN BENITO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MOI	NTHLY AVERA	.GE	
71,455 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@TOTAL, ALL PROVIDERS	36,314	449,601	\$	19,605,297.24	\$ 43.61	6.292	\$ 539.88	\$	274.37
@PHYSICIANS SERVICES	11,686	31,208	\$	1,505,828.77	\$ 48.25	.437	\$ 128.86	\$	21.07
OUTPATIENT VISITS	6 , 917	9,766		445,850.83	45.65	.137	64.46		6.24
OFFICE VISITS	3,988	5 , 117		182,232.47	35.61	.072	45.70		2.55
HOME VISITS	8	12		417.23	34.77	.000	52.15		.01
EMERGENCY ROOM	2,501	3 , 066		159,460.84	52.01	.043	63.76		2.23
PREVENTIVE CARE	6	6		306.45	51.08	.000	51.08		.00
OB VISITS/COMPRE PERI	716	1,214		91,999.11	75.78	.017	128.49		1.29
OTHER OUTPATIENT	244	351		11,434.73	32.58	.005	46.86		.16
INPATIENT VISITS	690	2,149		158,254.29	73.64	.030	229.35		2.21
HOSPITAL VISITS	615	1,492		72,029.22	48.28	.021	117.12		1.01
CRITICAL CARE	80	603		84,399.00	139.97	.008	1054.99		1.18
SNF/ICF/TRANS IP CARE	36	54		1,826.07	33.82	.001	50.72		.03
OPHTHALMOLOGICAL SERVICES	70	91		3,826.08	42.04	.001	54.66		.05
EXAMINATIONS	70	91		3,826.08	42.04	.001	54.66		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	819	2,692		466,710.72		173.37	.038	569.85		6.53
PRINCIPAL SURGEON	566	647		393,941.16		608.87	.009	696.01		5.51
ASSISTANT SURGEON	121	121		20,358.66		168.25	.002	168.25		.28
ANESTHESIOLOGIST	255	1,924		52,410.90		27.24	.027	205.53		.73
OUTPATIENT SURGERY	768	1,715		127,506.14		74.35	.024	166.02		1.78
PRINCIPAL SURGEON	635	812		103,299.29		127.22	.011	162.68		1.45
ASSISTANT SURGEON	6	6		1,021.90		170.32	.000	170.32		.01
ANESTHESIOLOGIST	228	897		23,184.95		25.85	.013	101.69		.32
DIALYSIS	40	209		12,289.73		58.80	.003	307.24		.17
PATHOLOGY	813	1,654		13,210.67		7.99	.023	16.25		.18
RADIOLOGY	2,817	4,095		126,589.59		30.91	.057	44.94		1.77
PSYCHIATRY	1	1		43.42		43.42	.000	43.42		.00
IMMUNIZATION AND INJECTION	183	651		17,980.17		27.62	.009	98.25		.25
OTHER SERVICES/ALL X-OVERS	2,596	8,185		133,567.13		16.32	.115	51.45		1.87
@PHARMACY	21,220	102,819	\$	3,974,612.89	\$		1.439 \$		\$	55.62
PRESCRIPTION DRUGS	20,967	66,106		3,844,224.71	·	58.15	.925	183.35		53.80
SNF/ICF	518	3,622		233,768.06		64.54	.051	451.29		3.27
OUTPATIENTS	20,462	62,484		3,610,456.65		57.78	.874	176.45		50.53
MEDICAL SUPPLIES	1,528	36,713		130,388.18		3.55	.514	85.33		1.82
@DENTIST	2,966	14,132	\$	534,887.00	\$.198 \$		\$	7.49
VISITS - DIAGNOSTIC	2,144	8,946		143,273.82	·	16.02	.125	66.83		2.01
ORAL SURGERY	361	776		47,251.50		60.89	.011	130.89		.66
DRUGS	83	89		2,094.75		23.54	.001	25.24		.03
ANESTHESIA	57	58		5,111.00		88.12	.001	89.67		.07
PERIODONTICS	88	98		14,248.00		145.39	.001	161.91		.20
ENDODONTICS	202	414		58,035.25		140.18	.006	287.30		.81
RESTORATIVE DENTISTRY	1,043	3,317		217,546.50		65.59	.046	208.58		3.04
PROSTHETICS	7	. 8		270.00		33.75	.000	38.57		.00
DENTURES, STAYPLATES	88	291		37,328.68		128.28	.004	424.19		.52
SPACE MAINTAINERS	13	18		2,200.00		122.22	.000	169.23		.03
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000	50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	62	90		7,007.50		77.86	.001	113.02		.10
ALL OTHER SERVICES	25	25		420.00		16.80	.000	16.80		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RI	EPOR'				Р	AGE 10,638
MOP024	FEE-FOR-SERVICE									01/17/03
SAN BENITO COUNTY		, /ICES FOR 80 TOTA:	L CE	ERTIFIED						
							MON	THLY AVERA	GE	
71,455 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	_	COST PER
·		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG	USER		ELIGIBLE

71,455 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	634	2,009	\$	44,437.58	Ś	22.12	.028		70.09	Ś	.62
DIAGNOSTIC AND ANC. PROCED	411	419	т	19,460.36	т	46.44	.006	7	47.35	7	.27
EYE APPLIANCES	558	1,585		24,815.65		15.66	.022		44.47		.35
OTHER OPTOMETRIC SERVICES	4	5		161.57		32.31	.000		40.39		.00
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	1	2		33.44		16.72	.000		33.44		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	127	253	\$	3,719.62	\$	14.70	.004	\$	29.29	\$.05
MEDICINE/INJECTIONS	48	65		1,537.43		23.65	.001		32.03		.02
SURGERY/ANES.	3	3		99.04		33.01	.000		33.01		.00
RADIO./PATHOLOGY	7	8		112.46		14.06	.000		16.07		.00
OTHER	78	177		1,970.69		11.13	.002		25.27		.03
@HOME HEALTH AGENCY	187	660	\$	44,955.07	\$	68.11	.009	\$	240.40	\$.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	9	11	\$	280.49	\$	25.50	.000	\$	31.17	\$.00

FAMILY NURSE PRACTITIONER	1	2	\$	33.56	\$	16.78	.000			.00
@TOTAL HOSPITAL	8,473	34,852	\$	5,843,027.87	\$	167.65	.488		\$	81.77
HOSP INPATIENT TOTAL	915	4,386		5,089,829.97		1160.47	.061	5562.66		71.23
HSC HOSPITALS	172	1,548		1,935,209.66		1250.14	.022	11251.22		27.08
NON-HSC HOSPITAL TOTAL	613	2,158		3,031,485.57		1404.77	.030	4945.33		42.43
ACCOMMODATIONS	585	2,158		1,125,475.14		521.54	.030	1923.89		15.75
ADMINISTRATIVE DAYS	5	126		29,130.19		231.19	.002	5826.04		.41
TRANSITIONAL IP CARE	0	0		75.51		.00	.000	.00		.00
ALL OTHER ACCOM	580	2,032		1,096,269.44		539.50	.028	1890.12		15.34
ANCILLARIES	612	0		1,906,010.43		.00	.000	3114.40		26.67
INPATIENT CROSSOVERS	141	680		123,134.74		181.08	.010	873.30		1.72
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	7,930	30,466		753 , 197.90		24.72	.426	94.98		10.54
MEDICAL	907	1,140		41,255.70		36.19	.016	45.49		.58
SURGERY	313	348		22,047.88		63.36	.005	70.44		.31
PATHOLOGY	3,961	14,677		168,540.24		11.48	.205	42.55		2.36
RADIOLOGY	2,026	2,761		179,140.95		64.88	.039	88.42		2.51
ROOM USE	3,060	4,119		181,906.10		44.16	.058	59.45		2.55
CROSSOVERS/ALL OTH OUTPINT	3,048	7,421		160,307.03		21.60	.104	52.59		2.24
@COUNTY HOSPITAL TOTAL	487	2,304	\$	962,610.16	\$	417.80	.032	\$ 1976.61	\$	13.47
CO HOSPITAL INPATIENT TOTAL	44	754		909,811.51		1206.65	.011	20677.53		12.73
HSC HOSPITALS	42	615		821,457.07		1335.70	.009	19558.50		11.50
NON-HSC HOSPITALS TOTAL	3	119		86,730.44		728.83	.002	28910.15		1.21
ACCOMMODATIONS	3	119		27,524.70		231.30	.002	9174.90		.39
ADMINISTRATIVE DAYS	3	119		27,524.70		231.30	.002	9174.90		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	3	0		59,205.74		.00	.000	19735.25		.83
INPATIENT CROSSOVERS	2	20		1,624.00		81.20	.000	812.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	454	1,550		52,798.65		34.06	.022	116.30		.74
MEDICAL	106	132		7,047.31		53.39	.002	66.48		.10
SURGERY	28	36		2,892.29		80.34	.001	103.30		.04
PATHOLOGY	111	425		4,561.17		10.73	.006	41.09		.06
RADIOLOGY	70	124		9,700.91		78.23	.002	138.58		.14
ROOM USE	305	421		16,340.76		38.81	.006	53.58		.23
CROSSOVERS/ALL OTH OUTPTNT		412		12,256.21		29.75	.006	75.19		.17
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RI	ZPOR				P	AGE 10,639
MOP024	FEE-FOR-SERVICE							20 2002		01/17/03
SAN BENITO COUNTY	SUMMARY OF SERV		AT, C	ERTIFIED						,,
			0				MON	NTHLY AVERA	GE ·	
71,455 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS		-	COST PER
,		OR DAYS OF CAR				R UNIT/DAY		USER		ELIGIBLE

OR DAYS OF CARE USER @COMMUNITY HOSPITAL TOTAL 8,102 32,548 4,880,417.71 149.95 .456 \$ 602.37 \$ 68.30 3,632 COMM HOSP INPATIENT TOTAL 874 4,180,018.46 1150.89 .051 4782.63 58.50 130 933 1,113,752.59 1193.73 .013 8567.33 15.59 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 610 2,039 2,944,755.13 1444.22 .029 4827.47 41.21 582 2,039 538.47 1886.51 15.37 ACCOMMODATIONS 1,097,950.44 .029 ADMINISTRATIVE DAYS 2 1,605.49 229.36 .000 802.75 .02 0 0 75.51 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 580 2,032 1,096,269.44 539.50 .028 1890.12 15.34 609 0 .000 3032.52 25.85 ANCILLARIES 1,846,804.69 .00 139 660 121,510.74 874.18 1.70 INPATIENT CROSSOVERS 184.11 .009 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 28,916 700,399.25 9.80 COMM HOSP OUTPATIENT TOTAL 7,573 24.22 .405 92.49 MEDICAL 808 1,008 34,208.39 33.94 .014 42.34 .48

SURGERY	287	312	19,155.59	61.40	.004	66.74	.27
PATHOLOGY	3,866	14,252	163,979.07	11.51	.199	42.42	2.29
RADIOLOGY	1,963	2,637	169,440.04	64.25	.037	86.32	2.37
ROOM USE	2 , 795	3,698	165,565.34	44.77	.052	59.24	2.32
CROSSOVERS/ALL OTH OUTPINT	2,903	7,009	148,050.82	21.12	.098	51.00	2.07
@STATE HOSPITAL	. 0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	846	29,071	\$ 4,908,672.87	\$ 168.85	.407	\$ 5802.21	\$ 68.70
LEV A-INTERMEDIATE	10	370	27,015.94	73.02	.005	2701.59	.38
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	7	190	105,687.50	556.25	.003	15098.21	1.48
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	831	28,511	4,775,969.43	167.51	.399	5747.26	66.84
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	198	4,764	\$ 247,611.63	\$ 51.98	.067	\$ 1250.56	\$ 3.47
HOSPITAL BASED	3	62	11,925.18	192.34	.001	3975.06	.17
HEMODIALYSIS CENTER	195	4,702	235,686.45	50.12	.066	1208.65	3.30
@REHABILITATION FACILITY	26	85	\$ 3,347.35	\$.001	\$ 128.74	\$.05
HOSPITAL BASED	26	85	3,347.35	39.38	.001	128.74	.05
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,718	4,061	\$ 73,893.40	\$ 18.20	.057	\$ 43.01	\$ 1.03
PATHOLOGY	1,711	4,044	73 , 676.28	18.22	.057	43.06	1.03
XO AND OTHERS	7	17	217.12	12.77	.000	31.02	.00
@ORGANIZED OUTPATIENT CLINIC	9,807	20,152	\$ 1,847,755.46	\$ 91.69	.282	\$ 188.41	\$ 25.86
CLINIC	307	1,212	34,127.66	28.16	.017	111.17	.48
SURGICENTER	4	10	1,109.55	110.96	.000	277.39	.02
HEROIN DETOX CLINIC	2	32	371.62	11.61	.000	185.81	.01

RURAL HEALTH CLINIC 9,540 18,898 1,812,146.63 95.89 .264 189.95 25.36 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,640 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN BENITO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

DIN DENTIO COONTI	BOTTEM OF BENVIOLE FOR SO TOTAL CENTIFIED				MONTHLY AVERAGE			
71 455 DITCIDIDO	HORDO	INTEG OF GERMAN	_		ALIEDACE COCE			
71,455 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
All office provided	0 060	OR DAYS OF CAR		570 170 44	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,860	205,519	\$	572,173.44	\$ 2.78	2.876		
DURABLE MED. EQUIP.	191	1,106		145,868.32	131.89	.015	763.71	2.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	41		4,769.42	116.33	.001	280.55	.07
MEDICAL TRANSPORTATION	408	7,804		114,879.20	14.72	.109	281.57	
AMBULANCES/AIR TRANS	274	5 , 349		66,016.81	12.34	.075	240.94	.92
OTHER TRANS	27	1,248		5,406.94	4.33	.017	200.26	.08
OTHER SERVICES	128	1,207		43,455.45	36.00	.017	339.50	.61
ACUPUNCTURE	6	18		324.39	18.02	.000	54.07	.00
ADULT DAY HEALTH CARE CTR	16	179		11,968.07	66.86	.003	748.00	.17
GENETIC DISEASE TESTING	433	437		35,094.00	80.31	.006	81.05	.49
IHMC, MODEL-NF, NF, AIDS, MSSP	21	2,272		68,512.04	30.15	.032	3262.48	.96
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	659	1,494		15,751.80	10.54	.021	23.90	.22
PHYSICAL THERAPIST	70	124		8,288.12	66.84	.002	118.40	.12
PORTABLE X-RAY	10	26		334.51	12.87	.000	33.45	.00
PROSTHETIST/ORTHOTISTS	42	162		15,372.20	94.89	.002	366.00	.22
PROSTHETICS	42	161		15,283.51	94.93	.002	363.89	.21
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	4	24		1,505.02	62.71	.000	376.26	.02
SPEECH AND AUDIOLOGY	48	123		16,657.03	135.42	.002	347.02	.23
HOSPICE SERVICES	19	490		54,245.37	110.70	.007	2855.02	.76
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	369	1,881		12,466.60	6.63	.026	33.78	.17
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1		26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	689	189,338		66,137.35	.35	2.650	95.99	.93
@CALIF. CHILDREN SERVICES*	409	5,234	\$	1,419,838.45		.073		
@XOVER EXCLUDING STATE HOSP**		27,773	\$	547,109.86		.389		

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.